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Practice of Medicine.

A CLINICAL STUDY OF PULMONARY TUBERCULOSIS.

BY A. W. CALLOWAY, ASHEVILLE, N. C.

It is the aim of the writer in a series of brief papers, to consider the subject of pulmonary tuberculosis from a standpoint of interest to the general practitioner.

There are to be had numerous text-books thoroughly up-to-date, which would give any physician all the technical knowledge he might desire.

For this reason the author is prompted to confine himself to actual clinical experience.

There are at present certain ideas regarding the nature, etiology and treatment of the disease, to which the majority of practitioners agree.

There are, however, also certain ones in which there seems to be a general disagreement. It will be my intention to set forth as facts those principles upon which there is a unanimity of opinion, and in consideration of disputed points I shall endeavor to present the arguments pro and con.

Perhaps a minority of physicians thoroughly examine their cases; at least seventy-five per cent. of the cases which come under my observation, and these are from various sections east of the Mississippi, have not been examined by the ordinary methods of inspection, mensuration, auscultation, percussion and palpation.

While it is true that auscultation and percussion inform us of the physical conditions of the chest; there is no reason why the examination should not be a little more thorough, for the point of verification.

It is generally accepted now that a sputum examination is necessary and yet I see numerous instances where this has not been done.

It is beyond my comprehension how any one could conscientiously make a diagnosis in questionable cases without this information.

There is one other matter which is of utmost necessity in examinations, and that is, to carefully record the results in black and white.

Frequently physicians complain that lack of time prevents them from recording their cases. How could any one possibly inform his patient of the changes taking place from month to month unless he kept a record.

Supposing the patient should present himself a year subsequent to a first for a second examination and would wish to know the changes, surely no memory is true enough to give this information correctly.

The chart method is the most comprehensive and yet the simplest for recording the results of examination.

A patient should be interrogated as to his family and personal history; he then should be subjected to a physical examination; his sputum should next be examined and this several times during the following two weeks; the urine also should be investigated, as this will tell us in a certain number of cases that the patient has diabetes or Bright's; the temperature should be taken from three to four times daily for a week and recorded.

At the end of this period with the various methods of examination pursued, a physician ought to be able to give the following opinion: Whether or not there is lung disease; whether or not there is tuberculosis; whether or not there is mixed infection; whether or not it is active; which of the three stages the patient is in; whether or not there is other organic disease; the amount and character of the lung disease; he should further be able to outline a plan of treatment.

If the above mentioned is carried out, there ought to be a fairly accurate diagnosis and no reason for the different opinions which are so often given of one case.

Unless a physician is willing to give the proper time and attention in the examination, he certainly ought not to accept the case or give a decided opinion concerning it.

A general physical examination should include an inspection of the nose and throat and abdominal organs, as well as the chest.

Occasionally we notice an enlarged liver, dilated stomach, enlarged spleen or floating kidney; such a condition ought to be of interest and value.

As mentioned heretofore, we certainly ought not to overlook diabetes, which is the primary cause of a few cases of pulmonary tuberculosis.

There is another point concerning an examination, and that is, owing to the gravity of the disease a physician often hesitates and sometimes does not inform his patient of his condition; his reason may be prompted by an opinion that such information would augment the disease.

In twelve years of a tubercular practice and in my association with men of more pulmonary experience, I have yet to hear one who is not in

favor of informing his patient of his true condition, unless he be critically ill.

A physician ought to have the courage to tell and a patient the courage to hear.

Should a physician not choose to inform his patient, he is compelled to misinform, misstate and deceive him from time to time until finally his fabric of prevarications give way and the patient learns the truth from other sources.

A patient should be taught to know the truth; it is valuable in treatment and in preventing reinfection and infection to others.

Many a patient has swallowed improperly placed tubercular sputum for months because his physician had not told him the presence of germs and the danger of them.

It is no kindness to deny a patient the truth when he asks for it.

I recall one case in particular, a young lady eighteen years of age, who had a rapidly consuming infection; under the advice of a physician and according to the desire of her mother, she was told it was simply a cough following measles.

A few days before she died she remarked that she hoped she was not very ill because she had begged to know the truth. However, she died not knowing it.

It strikes me that a great wrong was committed in this case.

Text-books often give the impression that a physical examination, specially that ascertained by percussion and auscultation, will reveal a tubercular focus if present; this is probably true in superficial small lesions and central ones larger than the size of an egg.

Supposing there is an infected area of a small size which has not yet broken down?

A physical examination might, and in many instances would not, reveal this, whereupon there is left one reliable test, namely, Tuberculin.

In a later paper the writer expects to enlarge upon the clinical aspects of diagnosis and therefore will not at present discuss the use of Tuberculin.

Suffice it to say that no physician can correctly maintain that a suspected case is free from tuberculosis, simply because an examination of the chest does not reveal it. A physician, however, should examine a suspected case from time to time because at any period physical signs may develop.

The practice of medicine to-day requires more than the symptoms of a case. If we possessed not only a remedy but a cure to which symptoms would guide us, we might rest after obtaining them, but such is frequently not the case.

There are hygienic and dietetic measures indicated as well as the medicine and these are based upon diagnosis rather than symptoms.

The word cure too frequently bobs up in connection with the treatment of tuberculosis. The word should only be used after an observation of months, for tubercular disease is more often quiescent than cured.

If we are to progress in the prevention and cure of tuberculosis, we must be honest with the public, our patients and ourselves.

MORAL SYMPTOMS.

BY J. H. SMITH, M. D., KANSAS CITY, MO.

There are in nature two entities, matter and force; the latter is manifested by means of the former, but is something distinct from it; e. g., magnetism (force) is manifested by the movement of the needle (matter), but it exists apart and distinct from it.

It is a cardinal principle of Homœopathy that disease is not the pathological condition of an organ, nor a material thing imbedded in it, but the disturbance of the vital force, the vitality, the life which is manifested by the condition of the organ.

Hahnemann says (Art II, Organon): "In sickness this spirit-like, self-acting (automatic) vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbific agency inimical to life. Only this abnormally modified vital force can excite morbid sensations in the organism, and determine the abnormal functional activity we call disease. This force, itself invisible, becomes perceptible only through its effects upon the organism, makes known, and has no other way of making known, its morbid disturbance to the observer and physician than by the manifestation of morbid feelings and functions, that is, by symptoms of disease in the visible material organism."

Vital force which is really only a different mode of saying "life," is as immaterial and as indefinable as any other force, e. g., electricity, magnetism, gravitation, etc. They are all recognized by their effects, but the effects are not the force itself, and the profoundest students frankly tell us that they are unable to explain what they are, and know them only as manifested by various phenomena which, translated into medical langauge, is, by the symptoms they give rise to.

If this be so the remedy that restores the equilibrium of the vital force, must do so by virtue of drug force, not drug matter; the drug is only the vehicle of a certain kind of force, as the wire is the vehicle of the electric, the iron of the magnetic force.

The curative action of a remedy is the action of its peculiar drug force upon the vital force of force on force, not of the material particles of the drug on any organ of the body. If the latter were the explanation of drug action it would act on a dead organ as well as on a living one, it will chemically, but to act remedially the organ must possess life, hence it is evident that the remedial force must act on the life principle, not on the material organ, although the effect of that force is manifested in the material substance, as the magnetism is manifested by means of the steel We prescribe for the life of the patient not for his body.

This is most clearly seen by a reference to what may be called the moral symptoms of drugs.

Unless we hold to the baldest materialism we must admit that man's moral nature is independent of his physical. Honesty, purity, reverence, etc., and their reverse, cannot be regarded as organic

products either of secretion of excretion, they belong to a different plane of our being.

Now it is well known that many drugs have the power, some in a remarkable degree, of affecting just this part of our nature. The moral depravity induced by alcohol, absinthe and cocaine has aroused the attention of legislation, and a reference to any repertory, under the heading "mind and disposition," will show a multitude of moral symptoms; by way of illustration we may take the seven deadly sins numerated by the theologians:

Pride: Alum., Arn., Chin., Cupr., Ferr., Hyos., Ip., Lach., Lyc., Par., Plat., Stram., Verat.

Covetousness (kleptomania): Ars., Bry., Calc., Kali c., Nux v., Natr. c., Puls., Sep., Sul.

Lust: Agar., Agn., Aloe, Alum., Am. c., Ars., Asa., Calad., Can. i., Chin., Canth., Con., Crot. t., Dig., Eryng., Graph., Hyos., Lil. t., Lach., Natr. m., Natr. s., Nux v., Op., Origan., Plat., Phos., Puls., Sul., Sil., Stram., Verat. a., Zing.

Anger: Aco., Aloe, Ars., Bufo., Caust., Cham., Coloc., Ign., Kali c., Led., Lyc., Meph., Mur. ac., Natr. ac., Natr. m., Nicc., Nux v., Petr., Phos., Plat., San. b., Sang., Scill., Sep., Staph., Stront., Sul., Thuj.

Gluttony (intemperance): Arg. n., Anac., Chinch., Mur. ac., Nux v., Sep., Staph., Sul., Sul. ac., Therid., Verat. a., Zn.

Envy: Ars., Bry., Calc., Lyc., Natr. c., Puls., Sep.

Sloth: Abrot., Borax, Kali n., Mar. v., Nux v., Olean., Rheum., Sabina, Sepia.

To these may be added the well known suicidal tendency of Aurum and the horrible swearing of Anacardium.

Since morals are the function of the spiritual, not the material part of man, it is evident that they cannot be affected by the particles of the drug carried through the circulation, but can only be reached by some force that can exert its action on the spiritual, immaterial life force.

Moral action and motions are normally inspired by words, example or other "influences." It will not be contended that the matter of one man's body acts upon the matter of another man's body to make him immoral, his influence is that of mind upon mind, vital force upon vital force; that is the only way it can be exerted. It is equally inconceivable that the matter, material, of the wormwood can act upon the moral nature of a man to make him a sensualist; no, it is the spirit-like force of the absinthe that acts upon the spirit-like nature of the man that vitiates it.

But it is impossible to locate life in any one organ, it is not the brain, nor the heart, nor the liver that are alive, it is the man in his totality; hence it follows as a logical necessity that disordered life force must manifest itself in the entire man, his physical, mental and moral nature. This manifestation is what we call "symptoms," therefore, in the selection of the similimum, the remedy that produces like symptoms to those found in the sick man, we must take into account the whole man. In the words of Hahnemann (Art. 18, Organon): "The totality of symptoms observed in each individual case of disease, can be the only indication to guide us in the selection of a remedy."

MEDICAL PATHOLOGY.

BY A. C. ROLL, M. D., TOLEDO, O.

Medicine is sometimes considered as a science, sometimes as an art.

Both are correct, all depends upon the viewpoint at which we place ourselves.

Medicine is a science, by its means of study; it is an art, by its applications.

We are thus led to the following two definitions:

The object of medical science is the study of disease.

The aim of medical art is to restore and maintain health.

That part of medical science which studies disease is called pathology?

Pathology embraces then, nearly all of medicine.

There is a manifest disproportion between its vastness and the limitations of the human mind, hence the necessity of dividing into several distinct branches, such as medical, surgical and comparative pathology, etc. I shall confine myself more particularly in this paper to medical pathology.

We have repeatedly made use of the words health and disease. These two words are currently employed, but, while there is a universal agreement as to their meaning, there arises considerable difficulty when an inquiry is made into the precise nature of phenomena designated by these terms. The same is true of all abstract ideas, only those subjects are well defined whose limits can be comprehended by the mind. Health and disease are connected by a multitude of disturbances more or less well characterized; it is, therefore, very difficult, not to say impossible, to draw a sharp line between these two states which, absolutely different in their highest expressions, approach and unite with each other in their attenuated manifestations.

The difficulty is rendered greater by the fact that perfect health does not exist; living organisms are always in a state of unstable equilibrium, which finds its explanation and cause in the very conditions of life. It is known, in fact, that living matter is the seat of a series of acts which do not depend, as was one believed, upon a vital form animating matter, but should be considered as reactions produced by the variations of external agents.

Let us suppose for a moment that no modification whatever is produced in the cosmic forces, no change at all in the relations of a being with the objects that environ it, equilibrium will soon be established between this being and the surrounding world.

Of course, life is not annihilated under these conditions, but it remains latent, as was once said, or, to speak more correctly, remains in a static state. But the moment an external variation occurs the equilibrium is broken, the living organism to adopt itself to new conditions, presents a series of reactions making life again apparent, that is, causing it to pass into the dynamic state.

Now, in reality, the cosmic forces constantly vary, the objects are displaced and modified, the world we live in changes, and life being but an adaptation to medium, living matter is incessantly agitated by

reactionary oscillations calculated to counterbalance the influences of the external agencies.

Thus is explained the unstable state just referred to.

If neighboring variations are slight and slow, adjustment is readily made and heartily preserved.

Should they be intense and sudden compensation becomes more difficult, often resulting in indisposition, sickness or death.

Physical variations are not the only ones capable of impressing the organism, all modifications occurring in our relations with surrounding objects and beings may produce the same effect

It is, therefore, possible to transport into medicine the classical data of the physical and natural sciences and divide the pathogenic agents simply into four groups—mechanical, physical, chemical and animate.

This enumeration shows that diseases are not provoked by new, special, mysterious causes, but by the ordinary cosmic agents, by the objects and beings that surround us.

When impressed by these various agents, the organism as above noted, does not remain indiffierent, it responds by reactions, whose purpose, if not the effect, is to bring the economy to a state compatible with life.

Therefore, two orders of phenomena are to be noticed in every disease, those due directly to the cause, and those referable to the reaction of the organism.

The latter are far more important than the former.

In a good definition of disease, however, we must take into account both series of morbid manifestations. We are thus led to the following definition:

"Disease is the ensemble of the phenomena which are produced in an organism undergoing the action of a morbific cause and reacting against it."

The initial causes of disease are always to be looked for outside the organism.

In view of their action upon the organism it is possible to divide them into efficient and predisposing causes.

The efficient causes are always necessary at times they are sufficient by themselves. Let us take, for example, the anthrax bacillus, which is one of the microbes best studied by experimenters.

Let us introduce it beneath the skin of a guinea pig.

The animal contracts the disease and dies within three or four days.

In this case the efficient cause has proved sufficient.

Let us make the same inoculation into a more resistant animal, the white rat.

No disorder will be produced. But let us submit this white rat to some fatiguing exertion, or inject into it some toxic substance.

The intervention of such an accessory cause will favor the action of the efficient cause, the anthrax will develop. The more we study pathology and get an insight into infections, the better we understand the importance of auxiliary causes.

There are certain microbes which develop as soon as they are deposited on a wound or even a healthy mucous membrane, but they are exceptions. In most instances various causes must come to their assistance. This is especially true of microbes inhabiting our normal bodies. Our integuments and mucous membranes swarm with innumerable pathogenic agents, which vegetate as simple innocent parasites until the day when an auxiliary or, as some still say, a determining cause permits them to overcome our resistance and exercise their noxious influence, then appear a series of acts ending in indisposition and disease.

Pneumonia, for example, is an infection induced by a microbe frequently present in the mouth of healthy persons; so long, however, as the organism is in a normal state the microbe cannot develop.

But let some common cause, fatigue, cold, or inhalation of irritating vapors, reduce the resisting power; the microbe, until then harmless, becomes pathogenic. This well known example proves that the co-operation of the two orders of causes are indispensable.

Let us not fall into the error of the first bacteriologists, who taught the microbe was sufficient to explain all, an error less excusable than that of the ancient uthorities, who, having no idea of the role of animate agents, explained morbid phenomena by the intervention of auxiliary causes alone, and hence, they believed also in morbid spontaneity. They believed in it also because they did not understand the nature and mechanism of predisposing causes.

They assigned to predisposition an internal origin instead of seeing in it the resultant of impressions made upon the subject or his progenitors by external causes having acted antecedently.

Predisposing causes are antecedent causes with respect to present disorders, efficient and auxiliary causes are present causes.

Each pathogenic agent may play alternately the part of effiicinet cause and of auxiliary cause, heat and cold, for instance, in mortifying a tissue, act as efficient causes, but they fall into the order of auxiliary causes when they favor the development of a microbe. Likewise a microbe or a poison may produce a disease or aid another pathogenic agent.

We should never lose sight of the possibility of the etiological associations these morbid synergies which play a part extremely important in pathology.

My paper has already taken more time than I intended, and I feel that I have failed to do my subject justice, but hope there may be some helpful suggestion which will aid some of us in future investigations.

Thanking you for your attention, I will conclude by saying that the study of pathology is not merely speculative; it alone can supply guiding ideas which will serve as the basis of the medical art. [Read before the Toledo Homœopathic Club, Tuesday evening, November 19, 1907.]

A Text-Book of Practical Gynæcology,

For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynæcology in Starling, Ohio, Medical College, and Sometime Professor of Gynæcology, Starling Medical College; Gynæcologist to St. Anthony and St. Francis Hos-

pitals; Consulting Gynæcologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynæcologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc. Second, revised edition. Illustrated with 350 engravings, a colored frontispiece and 13 full-page half-tone plates. 642 royal octavo pages. Extra cloth, $4.50, net; half morocco, gilt top, $6.00, net. Sold only by subscription. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

The second edition of this work preserves the plan and arrangement of the first. Enough that is old and obsolete has been left out to permit the introduction of new matter. This new and better matter added brings the book to date. A number of new plates have been added and the whole work generally improved. It will doubtless meet with favor equal to that with which the first edition was received.

Surgery.

SURGERY OF THE ROUND LIGAMENTS.

BY DEAN T. SMITH, M. D., ANN ARBOR, MICH.

The chairman of our Bureau happened to know that I was in Rochester, Minn., about the time he requested me to write a paper. He added these words to his formal letter, "Something from the Mayos, if you please."

To Alexander and his operation is due, very largely, the recognition of the importance of the round ligaments of the uterus in the treatment of pelvic pathology. He first performed the operation that is known by his name in 1888. (Parish, in American Journal of Obstetrics, 1888.) Prior to that time pessaries were the only practical reliance in the treatment of uterine displacements. The relief experienced by some patients from the shortening of the round ligaments, led gynæcologists to expect too much from the operation. It seemed that a simple and safe means of cure had been devised. But failures occurred frequently enough to discredit the operation with many, and led to a more thorough study of the factors responsible for uterine displacements. Some of these cases were cured by trachelorrhaphies, which assisted in uterine involution, some by perineorrhaphies, which restored a weakened pelvic floor, or by anterior colporrhaphies, correcting cystoceles, one or all as the conditions of the case required. In the early history of the operation there was marked difference of opinion as to whether the shortening of the ligaments should or should not precede the repair of the pelvic floor.

In spite of these additional measures the operation was unsuccessful in many cases. In the later eighties eminent surgeons in Europe and America were extolling its merits, while others equally eminent were strong, even bitter in opposing it. Notable among the later was Tait. In his book, "Diseases of Women and Abdominal Surgery" (1889), he says: "A fashion has lately been introduced of elevating the uterus by shortening the round ligaments, but no authoritative decision has yet been uttered upon its merits in the matter of permanent success. I have only twice had reason to employ it, and I found the reposition maintained only a few months in one case, whilst the operation very nearly cost me the life of the other patient, and it had no good result at all. I have, therefore, not pursued this kind of treatment, and I cannot hear that many other surgeons have added it permanently to their stock of operations." On the other side were men of but little less note than Tait, who expressed equally strong comments in favor of the operation. To my mind the Alexander operation is the most notable innnovation that has been proposed for the correction of uterine displacements, and it has followed the classical course of all real innovations.

The first paper describing ventral fixation was written by Prof. Olshausen, in October, 1886. Howard Kelley's first paper was read in November, 1886. (Operative Gynæcology, Kelley, Vol. 2, p. 149.) To Prof. Kelley belongs the credit of popularizing the operation in America. To perform it the abdomen has to be opened and thus the uterus and adnexia can be examined both by touch and sight. It was found that there were often other factors, not before recognized or appreciated, that prevented the uterus remaining in its proper position. Myomatous growths of the uterus were studied, and their importance in adding to its "dragging down" was recognized. Adhesions that could not be recognized by bimanual touch, were often present. Adhesions that were supposed to be cured or stretched so as to be unimportant, were found still able to drag the uterus from a normal position. Slightly diseased conditions or adhesions of the ovaries and tubes become recognized as important factors in preventing cures. All these defects could be remedied through the median incision and the fixation of the uterus became a popular operation notwithstanding the unsurgical principle involved in attaching the fundus of the organ more or less fixedly to the abdominal wall. Any abdominal surgeon of the period would have considered it necessary to cut such adhesions, fixing a more or less movable organ, had he found them in the abdomen, they having developed accidentally as a result of inflammation. Still many women were cured of distressing symptoms by the operation, while in some were developed symptoms that they knew not of before. Outside of theoretical grounds, the strongest objection to the operation was because it seemed to interfere seriously, at times, with gestation.

Many gynæcologists were not satisfied with this supplanting of a natural support by an artificial one. They believed if the natural support were properly used it would do the work better. Many unique stitches were devised for shortening the ligaments by looping them on themselves within the abdominal cavity. Any method that depends on looping of the ligaments is liable to two defects: First, the strongest portion of the ligament is included in the loop, and the balance may not be strong enough to support the organ. Second, in many cases, if not

most cases of retroversion, the attachment of the round ligaments is down on the side of the uterus instead of at the fundus. Their power to prevent the toppling over of the womb is lessened just in proportion that their attachments are lowered from the cornu.

W. H. Mayo claims that this lowered attachment of the ligaments is because they are pulled from their normal position by the misplaced organ. I venture the suggestion that the retroversion is oftener due to the round ligaments being congenitally misplaced, that they are attached to the body of the uterus at a lower level in some cases than in others. If such a congenital defect occurs, it accounts for the retrodisplacement so often found in young women whose other pelvic supports seem perfect.

As is known, the ovaries, ovarian ligaments and round ligaments develop from the genital ridges of the Wolffian bodies. The ovaries are, at first, well forward in the abdominal cavity. The Mullerian ducts, other outgrowths from the Wolffian bodies, are fused in their lower portions, becoming the uterus and vagina, while the upper portions persist as the fallopian tubes. Developing in the genital ridge, nearly parallel with the Mullerian ducts is a ligament which comes in contact or fuses with the ducts at their point of fusion. The upper portion or part above the point of fusion is the ovarian ligament, while the lower portion, which grows outward to the inguinal region and attaches to the tissues in the inguinal canal is the round ligament. Nature does not always do things after exact patterns, and it seems not unreasonable to me that the fusion of the ligament and the uterus is in some cases below the uppermost point of fusion of the Mullerian ducts.

From the conditions discussed, it is evident that the only cases in which the Alexander operation is indicated, are those with no other pelvic pathology then the displacement, and in which the ligaments are attached close to the uterine fundus, if such cases present symptoms. Even for such conditions, a median incision, bringing the whole field of operation under inspection, is as safe if not safer than the Alexander operation.

Other operations, that are modifications of those already discussed, should be mentioned. Murphy and others loop up the round ligaments on the surface of the uterus so as to take up the slack and make the point of traction at or near the fundus. The objection to this plan is the same as that to all loop methods; it puts out of commission the portion of the ligament next to the uterus and leaves the weaker or ventral portion to do the work. Gillman and many followers draw the ligaments through slits in the rectus fascia and attach them to the muscle or in the median wound. The Mayos object to this plan because it leaves two weak spots in the rectus fascia, so located that intra-abdominal pressure would be most likely to make them give way. I think another reasonable objection can be made. When the ligaments are so suspended, it divides the opening from the abdominal cavity into the anterior pelvis into three parts. The ligaments make pillars around which it would be possible for a section of intestine to twist so as make obstruction. These men do what might be called a modified Alexander operation. They make the median incision, all remedial pathological conditions in the uterus and adnexia are corrected, and all adhesions that might drag the uterus out of position are separated. If the attachment of the ligaments are not close to the fundus, they are changed by bending the proximal end against the organ, and stitching it so that the point of traction will be from the cornu. Then a forceps is passed from the wound margin, through the subcutaneous tissue close to the rectus and the external oblique fascia, to the external abdominal ring, through the inguinal canal into the abdomen. The slackened round ligament is caught in the forceps and pulled back through the canal into the wound. It is then fastened so as to leave the pelvic portion of the proper length. No attempt was made to separate the ligaments from the peritoneum of the broad ligament as is advocated by some. A part of their treatment is to always repair any weakened condition in the pelvic floor. From a remark made, I do not think they consider the utero-sacral ligament of much importance.

It seems to me that this method gives all the advantages of the suspension plan without its disadantages; it has all the advantages of the Alexander operation while giving every needed opportunity for examining the pelvic contents and giving needed treatment. The one incision gives access to all operative areas, and its healing will not be retarded by the operation on the ligaments. As before noted it is as safe as the Alexander operation, and very much more thorough.

From my reading and observation I judge the round ligaments are coming into their own in the treatment of uterine displacements. The final word has not yet been spoken regarding the technique of their use, nor will any one plan or method be applicable to all cases. Doubtless the surgeon who is more interested in curing his patient than upholding a theory will make use of various plans as the indications arise. Even though he is an ardent advocate of the use of the ligaments, he may sometimes resort to ventral fixation.

The surgical uses of the round ligaments are not confined to holding up or supporting a large uterus It is a valuable factor in pelvic surgery even when the uterus has been removed

Many operations have been devised for the cure of procedencia. I presume you have all heard more or fewer of these methods discussed in our medical meetings. Each advocate is usually sure that his method is right, and if he has devised a way of doing the cutting or putting in the stitches, he is doubly sure. Pessaries, some simple and some complex; the Alexander operation, or the Alexander operation plus amputation of the cervix; ventral fixation, and same plus amputation of the cervix; hysterectomy alone, or hysterectomy with ventral fixation of the vaginal vault, and lately, the shortening of the utero-sacral ligaments with or without other work, have all had their advocates. Most of the advocates have reported series of unvaried successes, but each has usually modified his method as time and more careful examination revealed the failures. There has been evident and valuable progress in treating this

condition, but I do not believe the perfect operation has yet been devised.

An essential element of success in all the various operations is the securing of a good pelvic floor. Good pelvic floor has a different meaning to different operators. To some it means correcting a rectocele and restoring a torn perineum. To others the curing of the cystocele is counted of as much if not more, importance.

The Mayo brothers do an operation that they have used for years with good success. I do not think they claim to have devised the method. At any rate I have seen a very similar operation described by others. They, the Mayos, claim that no case is permanently restored to health until the cystole is cured, that, so long as the anterior vaginal wall is weak, the patient will have symptoms, and often, in time, a vaginal or pelvic hernia as well. I have not been able to find their description of the operation In the case that I saw W. H. Mayo operate on a vaginal hysterectomy was made, and the round ligaments were caught in artery forceps and drawn somewhat down and together. Then the anterior and lateral vaginal cut margins, including the mucous and submucous tissues, were sewed into the round ligaments, first on the right side and then on the left. The vaginal tissues were tucked up and attached by many sutures so as to get a broad and firm union. The round ligaments were kept about a half to three-fourth inch apart. When the anterior wall was sewed sufficiently firm the rest of the vaginal margins were stitched to the pillars thus formed. Dr. Mayo claims that this method lifts up the sagging portion of the bladder so that when it fills the vaginal vault will be drawn up rather than down, as is the case when the old cystocele is not repaired The operation has the disadvantage that it removes all possibility of child bearing, so would be applicable only to selected cases.

The repair of the pelvic floor, amputation of the cervix when needed (it will usually be needed), breaking up of all pelvic adhesions, correcting, if necessary, the attachments of the round ligaments and shortening them, will probably give good results in the majority of cases, and will be the operation of choice during the menstrual life of the patient, whenever it will promise relief.

Many methods have been devised for treating the broad ligaments after hysterectomy when there is no special weakness of the pelvic floor. None of them, to my mind, meets the indications so perfectly as this sewing of the round ligaments into the fundus of the vagina when the hysterectomy is complete or into the cervix when it is left. In a partial hysterectomy Dr. Mayo made this use of the round ligaments, sewing them into the cervical stump. The ovarian ligaments were ignored so far as furnishing any support was concerned.

Women not infrequently complain of a lack of support, a sense of pelvic weakness after hysterectomy. To overcome this difficulty I have used a plan, first described by E. C. Dudley. The severed ends of the round and ovarian ligaments and the fallopian tubes are sutured together, as well as the seered edges of the broad ligament, thus making a partition or sort of truss across the pelvic floor. I believe this method a great improvement over the old method of simply whipping the edges of the peritoneum together. Since using the round ligament as described, I believe it will give the truss effect, and the vagina will be held up where it belongs more perfectly This method will do away with the thin partition that resulted from uniting the cut margins of broad ligament. If the operation is planned for it, it will seldom happen that the round ligaments will not be long enough to reach the cut cervix or vaginal tissues.

For the sake of clearness I bring these rambling thoughts together in the following summary:

First. Any operation for uterine displacement is incomplete until the pelvic floor is in good condition.

Second. Any operation is incomplete that leaves conditions in the uterus or adnexa that will interfere with complete involution in the womb or in any way add to its normal weight, or prevents its assuming and retaining easily its normal position.

Third. The round ligaments are only one factor that, through weakness, congenital or acquired, leads to uterine displacements.

Fourth. The round ligaments, properly used, are a most important factor in correcting pevlic weaknesses.

Fifth. To be most effectual, they should draw from the cornu of the uterus, near the fundus, and when too long, should be shortened in their ventral portions.

Sixth. After hysterectomy they should be so attached as to hold up the vagina, thus strengthening the pelvic floor and preventing the symptoms of hernia. [Southern Hom. Asso.]

EXCISION OF THE KNEE.

BY J. H. M'VAY, M. D., TOLEDO, OHIO.

By this term is implied the removal of the articular extremities of the bones entering into the formation of the joint, together with the cartilage and synovial membrane, endeavoring at the same time to do as little injury as possible to the surrounding soft parts.

By this operation it is often possible to preserve a limb, which otherwise would require an amputation.

By this operation, also, it is often possible to give a patient a comparatively useful limb, in exchange for one which has been entirely useless.

The older writers from Hipocrates down advised the removal of bone in certain general terms, but the excision of a joint as a definite surgical operation is a rather modern procedure, and dates from the latter part of the 18th century.

An English surgeon, by the name of Park, was the first to deliberately perform an excision of the knee joint. It was done for chronic joint disease in 1781 for a sailor, aged 33, and he made a perfect recovery.

The value of the operation has been the subject of long-continued and extensive discussions.

The many improved methods of treating joint affections have, of course, materially modified the necessity of such an extensive and serious procedure.

As a consequence the pendulum of surgical opinion has swung from extreme radicalism to extreme conservatism. Modern writers practically limit the excuse for excision of the knee to tubercular or malignant conditions. But I take the position that there are other conditions where, excision is not only justifiable but is clearly indicated.

Chronic disease of the knee is one of the pathological states where the most deliberate judgment should be exercised. One or two ovaries can be removed with less definite harm than the uselessness of a leg. A kidney, or a uterus, or an eye, might be sacrificed with less loss of necessary utility than the disablement of a leg.

There are certain chronic inflammatory conditions of the knee joint that resist all of the more conservative methods of treatment for years without giving the patient more than temporary relief. Excision furnishes these patients, not only relief from pain, but also a leg of great utility.

The operation, while serious, is not especially difficult, except in one particular. In order that the ends of the bones may lie in perfect apposition after being sawed, and the leg be straight, the saw must be held by the operator in exactly the proper plane. This, of necessity, can be determined only by eye, and with the leg flexed is not as simple as might be imagined.

Last winter I had the opportunity of performing excision of the knee joint on two patients, with the most gratifying results in both. In each instance the condition was one of simple chronic synovitis. Both patients has been practically helpless for several years. Both were due to traumatism. Both had, on two or three occasions, submitted to one or more of the less pretentious operations for the relief of such affections in the hands of competent surgeons, with no relief, or only temporary relief.

Both were delighted with the results of excision, one of them so much so that he has sent to the hospital a patient similarly affected for the same operation.

The first case was a boy of about 13 years. Three years before he had fallen from a wagon and so injured his knee that chronic synovitis resulted. During these three years he had been under, more or less, constant treatment, by immobilization, extension, incision of the knee joint, etc.

He had never been able to use the leg at all, and during a large part of the time the slightest motion caused great pain.

Excision of the joint was advised and performed. The circular operation was followed, silver wire was used to assist in the apposition of the bones. The boy suffered no pain after the first few days. The results were perfect, and the boy went home happy in about four weeks.

The second case was a woman of about 40 years. Her injury resulted from a fall. She had practically the same experience as those of the boy just cited. Excision was advised and performed. The same method of operating was followed. She suffered considerable pain during the first two weeks, but in a short time was happy in the possession of a leg on which she could walk without pain. [N. W. Ohio Soc.]

Neurology.

SYPHILISM OF THE NERVOUS SYSTEM—A CASE.

BY W. F. MAXWELL, M. D., STATE ASYLUM, IONIA, MICH.

The more thorough knowledge of syphilis of the brain and nervous system dates only from the last sixty or seventy years. Early writers, in detailing its effects, while graphically describing its external manifestations, knew little or nothing of its internal diseases, so that paralyses occurring occasionally in certain syphilitic subjects were thought to be due, not to the disease itself, but to its treatment. Poverty of data prior to these days, no doubt, was due to the fact that so few physicians made post-mortem examinations, preferring to content themselves with the discussion of symptomatology and therapeutics.

Great writers attempted to find an anatomical basis for the symptoms, but in the end, like latter-day scientists, simply satisfied themselves with the statement that any nervous disease, if it had existed long enough, might be considered the effect of a disguised syphilis and be treated accordingly.

From the reading of literature on this subject, we learn that investigators such as Deitrich, Virchow, Lallemand, Schutzemberger and others, became active in this direction about the middle of the past century and soon from all sides came reports upon observations of new formations found in the skull, in the brain, pia and dura mater, and in the spinal cord, so that to-day we find ourselves abundantly supplied with literature upon the morbid changes occurring in these and other tissues of those who may be so unfortunate as to suffer from its dire effects.

The most frequent change occurring in the cranium of patients suffering from syphilitic infection is the formation of heteroplastic tissue, the gummous tumor. This consists of a grayish-red mass, of jelly-like consistency, made up chiefly of round, spindle and stellate cells arranged without order. This foreign arrangement of cells, irregular in outline and imbedded in the original brain structures, gradually blends into surrounding tissues and, according to its location with reference to the various brain centres, produces pressure or other symptoms of which the case soon to be described will illustrate.

In the spinal cord and its membranes it manifests itself in the development of syphilitic neoplasms at the "periphery of the cord, in the pia mater, in the subarachnoidal space, or on the inner surface of the

dura mater and the layer of arachnoid lying on it." By agglutinating these membranes and growing into the substance of the cord these interfere or destroy the functions of those nerves from the part affected, producing the varied cord symptoms known to syphilis.

The numerous lesions in brain and cord, capable of being produced by this disease, are so well known to you all that they will not be further discussed in the short time allowed me.

In presenting the facts in this case which I wish to describe, we must not lose sight of the fact that other features entering into the patient's history might also produce many of the symptoms to be enumerated and ascribed to this dreaded disease. (I refer to his alcoholic history.) But the specifically syphilitic nature of all details recorded and a careful study of the salient features observed convince me that the diagnosis is unquestioned.

The following is a brief description of the case:

E. B., male, of Swiss descent, 31 years of age, single, and with no history of insanity in the family obtainable, was admitted to the State Asylum, May 16th, coming from the Detroit House of Correction, in which institution he had served out fifteen days of a thirty day sentence for drunkenness.

History of the patient is rather meagre and, from lack of information from relatives or friends who do not reside in this country to enlighten us upon certain features of his case, we are compelled to rely upon the patient's own statement of his life doings. From him we learn, with apparent truthfulness, that he received a common school education in Switzerland and that while in the Fatherland his life was clean and uneventful. About twelve years ago he came to America and settled in New York City as a baker, commanding seventy to seventy-five dollars a month. Soon after his arrival there he plunged into a life of recklessness and sin, frequenting brothels and other places of like reputation. Here, also, he acquired a taste for drink, though he states that he never but a few times became completely intoxicated.

About six years ago patient contracted syphilis, manifesting itself with the appearance of chancre trouble in the mouth and throat, etc. His trouble gave him little concern, and he continued his life of the Prodigal Son.

Early in the year 1907 he removed to Detroit, Mich., where he found difficulty in securing a situation, continued his drinking, was given short workhouse sentences on two or three occasions for alleged drunkenness, the last time prior to his commitment to the asylum. For fifteen days he lay in the prison hospital, his physical condition gradually growing worse, and mental symptoms appearing sufficient to warrant his transfer.

Examination upon admission showed the patient to be a slenderly built man of erect bearing; 5 ft. 4 in. high; weighing 129 lbs.; light complexion and hair; pale, placid, dull expression of countenance; teeth fairly well preserved; skin white, cool, moist; glands enlarged, temperature normal.

Chest examination revealed fine, crepitant rales and slight dullness over apices of both lungs, more particularly the left. Heart rhythm regular, with apex beat in the fourth interspace near sternum; pulse soft, easily compressible, 62 to the minute; arteries not sclerotic. Organic reflexes of micturition and defecation under poor control, the patient frequently soiling his clothing or bed.

Urinalysis determined nothing of special interest, the specific gravity being 1018, reaction, amphoteric and negative for sugar and albumin.

The neuro-muscular condition of the patient showed him to be scarcely able to stand or walk. For either, a broad base was required, and the Romberg test was positive. When walking he dragged his toes,—the right being most affected,—and his gait markedly spastic. Inco-ordination in approximating fingers tip to tip and to nose with eyes closed—more disturbance on the right. Muscularity well developed, but too weak to support him.

Cranial Nerves.

Amblyopia was present, the patient complaining of a blurring of vision. Over the brow and back of the ball was a constant dull aching pain. There was more or less contraction in the field of vision. Ophthalmoscopic examination revealed a papillitis and choked disc with extreme dilatation and tortuosity of the veins. The right was more profoundly affected than the left, though symptomatic changes occurred in both, all strongly suggesting intra-ocular optic, and retro-bulbar neuritis.

Auditory. Little disturbance was present.

Olfactory. Given vanilla, wintergreen and ammonia as tests, he could detect no odors except with the latter, which in reality was too strong for a proper test.

Gustatory. A slight disturbance noted, though unimportant.

Reflexes.

Knee jerks were much exaggerated—a number of tonic movements resulting on slight tapping. Achilles, Babinski's, abdominal, cremasteric, elbow, and wrist reflexes were all present and much increased. Ankle clonus present. Pupils small,—the right a trifle larger,—rigid and sluggish, reacting directly and consesually and to accommodation, though very slowly.

Sensations.

Reaction to painful stimuli increased and heat and cold appreciation disturbed. When placed in bath at 80° he complained that we were burning him up. Reduced to 60° he still maintained it was too warm.

His mental attitude was one of quietness. He said little. Usually occupied a very erect position in his chair, with a silly smile playing across his face. His manner was polite; movements all slow.

Speech.

Showed marked motor and sensory disturbances, —stuttering, twitchings and elisions, and more or less motor aphasia. Memory for recent events was somewhat clouded, and he was able to recall remote happenings only in a general way.

There was plainly evident paralysis of ideation through lack of mental acuteness; and diminished affect in emotional state, the patient showing little

concern and possessing little or no insight into his condition.

Consciousness and orientation were partially disturbed. He seemed to have a poor grasp upon his surroundings, though he was able to tell whence he came, to give correctly the year and month, and to judge fairly well the people about him.

In a day or two patient, after the stimulation and reaction incident to the change had worn off, lapsed into his former lethargic state—would fall asleep in his chair and it was found difficult to arouse him. Hallucinations developed, he refused nourishment and was put to bed, where it became almost impossible to awaken him and keep him so for more than a few seconds or minutes at a time. He would respond to questions usually, but in monosyllables. He was always feeling "fine," "all right," but complained of a headache, which he later described as generalized. Pulse at this time soft, regular, 52 to the minute, temperature normal. Convulsions of a clonic type appeared—one or two a day, or every other day for about two weeks, his general condition becoming gradually worse until it was thought he could not survive. For medication he received Gelsemium 1x, gtts. xv in water, ℥iv, a teaspoonful every hour, and Strychnine $^1/_{50}$ gr. every three or four hours. At the end of two weeks slight improvement was observed. He was now also given static electricity, positive insulation, with breeze to head, trunk and limbs, which proved beneficial. His mental condition was brighter and he became communicative though physical condition was practically helpless, and he complained of increasing headache. It was about this time that a syphilitic history was obtained. Anti-luetic treatment with Iodide of Potassium was at once pursued, when a rapid improvement developed. Headache disappeared, eye symptoms gradually abated, patient's gait greatly improved and muscular strength returned; so that while he still walks with slightly stiff, jerky movements, he carries himself erectly and no longer requires that broad base so noticeable at the beginning. Reflexes are remarkably reduced in activity from their former state, though still increased. Gratifying indeed, is the change in mental status, which has left the patient with a fair degree of acuteness and intelligence. He takes a lively interest in his surroundings and makes himself useful in asylum work.

I may state that his improvement was so rapid that his eagerness for employment led to his assignment to kitchen work, where he was very active for a time, but true to his affliction, suffered somewhat of relapse, became weak, stupid and worthless as a worker, and was placed in the ward where he had absolute rest. He was given more vigorous treatment with Potasslum Iodide, Mercurius, and electricity, so that at present he has recovered remarkably, and is alert, cheerful and eager for employment

Conclusions.

From the above enumerated symptoms which so closely follow those of an alcoholic neuritis the thought at once suggested to the mind is to what extent the use of intoxicants played in producing the above condition. True it is that an alcoholic neuritis may, with such a history, exist also in a syphilitic subject and many cases of this character have been observed, but in the light of special diagnostic features in this case it would seem that while he may have been drinking at the several times of his arrest spoken of previously, it may not have been of itself to such an extent as to have produced the stuporous condition in which he was found, and the alcohol that he took served to intensify the lethargic state into which he was entering by reason of the morbid changes rapidly undergoing in his cerebro-spinal system as result of his former infection. Here we have the patient's own statement, however much or little dependence can be placed upon it, that he did not drink excessively.

Therefore, the encephalic symptoms produced, probably, by gross lesions at the base in the hippocampal or region of the corpora quadrigemina, and possibly parts of the corpus callosum, with extension to the fronto-parietal convexity, viz., the cranial nerve manifestations; the generalized fits; the eye and speech defects; the character of the headaches —mainly vesperal and nocturnal—coupled with the combined postero-lateral cord symptoms of spasticity; exaggerated cutaneous and tendon reflexes; ankle clonus; dragging toes; motor difficulties—all responding to anti-luetic treatment, would point to the syphilitic origin. [N. W. Ohio Society.]

Materia Medica.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

THE VENOUS HYPERÆMICS SEPIA SUCCUS. GANGLIONIC—VENOUS HYPERÆMIC.

Pivotal Characteristics.

Tissue relaxation, Gelsemium. Sensorial Hyperasthma, Nux. Blood changes (animal drugs).

Discussing the author's paper on Sepia, read before the World's Congress at Chicago in 1893, Dr. T. F. Allen said: "Sepia is of animal origin, but not a poison. The animal that throws out the circular stream which gives the opake mass in the water in order to hide from its enemies. But this is not a poison, it is pure and simple carbon, nothing in the world but coal; absolutely inert in its crude state. I cannot compare Sepia with any animal poisons, but I have confirmed Sepia as a vegetable, and class it with other carbons, pure and simple carbons, which, by their trituration, develop different properties, this is something to think about in making comparisons."

The truth of the great Dr. Allen's observations is borne out in the close clinical relationship existing between Sepia on the one hand and such carbons as Carbo vegetabilis, Graphites and Petroleum on

the other. But we shall also see that in many respects it nevertheless is its pathogenesis and clinical relationship shows many of the marks of the animal poison. Sepia is a ganglionic or vegetative centric, and hence we naturally expect it to prove a deep and long acting remedy, hence one exerting a profound effect upon nutrition. As like Apis and Lachesis it is an animal poison we expect it to produce changes in the blood, affecting not only its chemical character, but also its fluidity and nutritive qualities. In all these respects we are not disappointed.

With altered blood chemistry we must expect appreciative effects to be exerted upon the nerve centers.

In this also we are not disappointed, for as a result of its action we find a condition of nervous excitement accompanied by weakness, a condition of irritable weakness displaying itself in circulatory ebulitions, sensorial hyperæsthesia, muscular relaxation and depressed nutrition. Here once more we are not disappointed, and can readily trace its relationship with Apis and Lachesis as well as with Murex, Moschus, Cantharis and other drugs of animal origin. With this state of depressed nutrition we are not surprised to find existing a relaxed condition of all of the tissues of the body, an atonic condition, one of lassitude, of muscular weakness and relaxation, not only of the voluntary but more palpably in this case of the muscles supplied by the sympathetic nerve, including those which regulate the calibre of the blood vessels (vaso motor). A condition resembling that found under Gelsemium, but more profound and more enduring. The Gelsemium relaxation involving more the voluntary muscles.

So as Sulphur is thought of as the chronic Aconite, and Calcarea carbonica as the chronic Belladonna, Sepia may be thought of as the chronic Gelsemium.

The most pronounced evidence of this tissue relaxation is shown by the ever-present tendency in the Sepia patient toward a sagging of the movable tissues, especially the dependent ones, the bowels, the rectum and the womb, giving us many of the important characteristics.

1. "The gone, weak feeling in the epigastrium," due to the determination of the bowels toward the lower abdomen.

2. The feeling "as though the womb would drop out causing her to sit down and cross her legs for support," due to relaxation of the uterine supports as well as the passive hyperæmia of the organ increasing its weight.

3. The prolapsus recti and the feeling as though there were a weight in the rectum described by some persons as a "round ball." The same atonic tissues gives Sepia the characteristic "pot-belly."

Accompanying the above symptoms we have a sensory hyperæsthesia accompanied by mental irritability, an intolerance of odors, of strong light, of noise, of contact.

So if the Sepia patient has a headache you will find her in a dark room shut off from the noise of the children and the smell of the cooking. Her dread of contact is shown in her aversion to sexual intercourse, and she often has besides vaginal pruritus.

The circulatory irregularities found in the Sepia patient are caused by a paresis of the vaso-motor nerve, displaying itself notably in the portal and genito-urinary vessels, and producing a hyperæmia in the most dependent organs in the field of their distribution.

Hence we get the congested uterus, rectum, ovaries and kidneys, producing, in their turn, symptoms, central and reflex, all over the body, and especially are they responsible for the disorders of cerebral circulation, and perversion of gastric digestion so closely simulating the disorders attending pregnancy and the climacteric.

With the blood altered in chemistry and specific gravity we find a lack of cohesiveness in its parts and an exudation of coloring matter into the skin producing yellow spots (so-called liver spots), splotches, discolorations (as the yellow saddle across nose), and (from the same cause) acrid excoriations and scaly eruptions at the bends of the joints where the sebaceous glands are numerous and on the dorsal surface of the phalanges, giving us also catarrhs of all the mucous membranes, whose secretions make the parts they touch sore like those of Sulphur, Nitric acid, Kreosote, Graphites and Mercurius corrosivus.

The Sepia patient is often a female, is delicate, dyspeptic and depressed (three D.'s, like Gelsemium), the latter both mental and visceral. She may be graceful and beautiful, and, if typical, she is both, but she is abnormally sensitive, not only as to her special senses but mentally as well, and the slightest motion will destroy her aplomb, producing circulatory ebulitions and perhaps fits of anger, as the showman said of the animal, "Docile when not eretated."

CLINICAL USES.

The fundamental clinical rule throughout Homœopathy is, that practitioners should avoid the practice of giving certain remedies for diseases, because they bear such and such a name, and an attempt has been made in this work to draw such a clear picture of the genius of each drug as to lead to its selection whenever in idicated by its characteristics, this is my only apology for any seeming deficiencies in this regard; but I shall depart from this rule by adding indications in definite diseases where it seems necessary to fill out the drug picture completely and practically.

The principal diseases which demand the use of Sepia are: Endometritis, skin troubles, miscarriages, climacteric troubles and hemicrania.

Endometritis.

Chronic endometritis with the two principal symptoms—leucorrhœa and prolapsus uteri. The leucorrhœa is profuse milky and excoriating, causing constant annoying itching of the vulva. The prolapsus is accompanied by a sensation as though the uterus would drop out (Belladonna, Lilium tigrinum, Natrum muriaticum), which the patient relieves by sitting down with the limbs crossed. There is a red sand in the urine (Natrum muriaticum, Lycopodium) which adheres to the sides of the chamber.

The patient has the hot flushes, preferably at 11

A. M. (Sulphur), associated with the gone, empty, weak feeling in the epigastrium.

There is irregular menstruation, early or late, profuse or scanty, sensorial hyperæsthetic, hemicrania, and the patient it delicate, dyspeptic and depressed.

Analogues—Natrum muriaticum.

Prolapsus uteri with watery leucorrhœa relieved by lying down, with pillow under the back; red sand in the urine, burning in the urethra during micturition.

Emaciation; dead, earthy, wrinkled skin, delayed and scanty menstruation, thirst and aggravation from consolation.

Lilium tigrinum.

Prolapsus uteri, with a feeling as though the womb would protrude, relieved by supporting the perineum with the hands; profuse leucorrhœa, great mental depression, pain and tenderness across the hypogastrium.

Belladonna.

Prolapsus uteri during menstruation, which is profuse, especially in plethoric, red-faced women with tendency to cerebral congestion.

Pulsatilla.

Thick, white, bland leucorrhœa, in gentle, tearful fat women with blue eyes and light hair, associated with prolapsus uteri and a sensation as though a stone were pressing upon the sacral region. Menses are late and scanty, and there is great dysmenorrhœa.

The Pulsatilla patient is chilly and thirstless, and constipation makes them better, while it aggravates the Sepia and Natrum muriaticum patient.

Besides the Pulsatilla patient's secretions are all bland and non-irritating, like her thoughts and her words.

Platina.

Leucorrhœa like the white of an egg (Ammonium muriaticum and Borax), in proud, haughty women who are queenly in their bearing; there is prolapsus with a tendency to induration of the womb, hysteria and melancholy, menses early and profuse, of short duration, and the menstrual blood dark and thick, looks like tar, and accompanied by cramping pain and sexual erethism.

Calcarea carbonica.

Profuse, milky leucorrhœa in fat, flabby women, who always complain of cold, moist feet, feel as though they had on damp stockings. Menses early and profuse. Patient imagines she is losing her mind.

Murex purpurea.

A member of the same family as Sepia, an animal drug, has as most characteristic an uncontrollable sexual desire, profuse urination and menstruation, hypogastric pain and tenderness. In other respects Murex is similar to Sepia in its symptoms.

Sulphur.

Acrid, corroding leucorrhœa in patients with the Sulphur characteristics.

Skin Troubles.

Vesicular and herpetic eruptions at the bends of the joints and the corners of the mouth. There is a tendency to sweat in the Sepia patient whatever the temperature or weather.

And the eruptions are humid, itching and burning. There is generally associated a yellow saddle across the nose, seeming to indicate Sepia, especially in skin troubles, and to call attention to its probable indication in all diseases.

Analogues.

Same as Sulphur.

Miscarriages.

Especially from the fifth to the seventh month, associated with the hot flushes and other symptoms of circulatory anomalies, sense of weight in the uterus and anus and intolerance of contact.

Analogues.

In miscarriages. Aconite in plethoric patients after fright or other distressing emotions. Anxiety and restlessness, with great circulatory excitement and arterial tension.

Arnica.

After traumatism (a jar or violent contact) parts are intensely sensitive to touch and contact, patient shrinks from examiner's hand.

Belladonna.

With profuse, hot, red hæmorrhage, coming suddenly in plethoric patients with symptoms of cerebral congestion or excitement.

Chamomilla.

In cross, irritable patients pains unbearable.

Secale cornutum.

In thin, tall, scrawny women with weak, thready pulse and profuse, passive, black, grumous hæmorrhage.

Veratrum album.

With great weakness, cold, clammy sweat on the body; nausea. Spasmodic pains and great muscular relaxation.

Climacteric Troubles.

All sorts of nervous symptoms are frequent at this critical time of life, and a therapeutic agent that will turn the vital forces in the right direction will often secure to the patient a future free from suffering. The symptoms that appear at this time oftener call for Sepia than any other drug, with Sulphur as a good second.

The drug is indicated at the time principally by the circulatory ebullitions which appear from any light cause, though the patient's face is usually pale and earthy; emotions or excitement or sensorial impressions, as light, odors, noise or contact will cause it to flush violently, which flushing is accompanied by gone, weak, empty feeling at the epigastrium.

Canine hunger is followed by an offensive, irritating perspiration. There is also often present the acrid, profuse leucorrhœa with uterine prolapsus relieved by sitting down with legs crossed

Analogues.

Same as under endometritis with the addition of Lachesis.

The nearest analogues are Natrum muriaticum, Sulphur, Calcarea, Pulsatilla, Lycopodium and Lachesis, all having, like Sepia, the hot flushes. Those of Sulphur and Natrum muriaticum appear

characteristically at 11 A. M., as does Sepia, but differentiation upon other lines is not difficult.

Natrum muriaticum.

Being differentiated by its great thirst, emaciation, wrinkled, dry skin, brittle orifices which crack; constipation and relief from lying down and pressure against the back. Sulphur, by the well known Sulphur characteristics especially the diathesis or cachexia and the symptoms of defective reaction.

The lines of difference drawn under "endometritis" are quite sufficient to distinguish these drugs from Sepia. Leaving only Lachesis and Lycopodium for careful treatment.

Lachesis.

This drug being of animal origin has many similarities to Sepia. It produces much more profound effect upon the blood, not only perverting it but tending to destroy its nutritive value entirely by separating its component parts and causing an extravasation of serum into the tissues, producing œdemas, while the fibrin remains like charred straw in the relaxed vessels. This action indicates it in malignant and septic conditions where Sepia occupies no common ground; but many symptoms are simliar. Lachesis having the hot flushes at the climacteric especially, these flushes are generally associated with flatulence and other symptoms of dyspepsia. The flatulence is worse on an empty stomach and generally relieved by eating. There is the same intolerance of contact as found under Sepia. The patient cannot bear pressure of any kind, the collar and waistbands are worn loose, this is not from soreness as under Arnica but from cutaneous hyperæsthesia, deep pressure being borne with comparative ease, while under Sepia all contact of all kinds is unbearable.

The patient is characterisically worse after sleep, has left-sided headache, pain in the left ovary with intolerance of contact. The hot flushes often appear, and are worse at the menstrual period, especially until the floor is established, or if it does not appear at the menopause.

Lycopodium.

Hot flushes, with symptoms referred almost entirely to the digestive sphere. There is great flatulence, a little food fills the patient full, dyspnœa, red sand in the urine, melancholy, venous stasis, all secretions smell and taste sour.

Hemicrania.

One-sided headache, either side, over one eye, comes in jerks, there is accompanying the hot flushes, and the intolerance of light, noise, odors, contact and total anorexia.

Analogues.

Right-sided hemicrania, Belladonna, Sanguinaria and Kalmia.

Left-sided hemicrania, Spigelia, Nux vomica; either side, Sepia, Iris versicolor, Ignatia, Coffee, Chamomilla, Gelsemium and Tabacum.

Sun headaches, Spigelia and Kalmia.

Belladonna.

Right supra-orbital pain, which is very acute, and comes and goes with great suddenness; red face, dilated pupils, better with the head high.

Sanguinaria, canadensis.

Typical migraine or sick headache, pain over the right eye; nausea and vomiting, busting, congested feeling; influenza, better with the head low, giving the principal distinction from Belladonna.

Kalmia latifolia.

Preferably right-sided, coming with the sun, increasing until noon, and then gradually decreasing.

Spigelia.

Left-sided sun headache; pains are sharp and stabbing, shoot through the left eye, they are worse from a jar of any sort, and from looking at pointed instruments.

Nux vomica.

Left-sided hemicrania, associated with dyspeptic symptoms and constipation, following imprudence or intemperance. The patient is worse from sensorial impressions like the Sepia patient, especially light and noise. Patient is morose, head feels as large as a bushel, and there is empty retching.

Iris versicolor.

Hemicrania of gastric or hepatic origin, always beginning with a blur before the eyes. (Gelsemium, Kali bichromicum.) Weekly headaches of school teachers and bookkeepers, coming on Saturday or Sunday, bitter or sour vomiting at height of headache.

Ignatia.

Hemicrania with a feeling as though a nail were being driven into a small spot in the parietal or occiput region, called clavus; in quiet, undemonstrative patients after grief with frequent sighing.

Coffea cruda.

Clavus during or after pleasureable excitement; patient is very nervous, and the pains are very acute.

Chamomilla.

Intense, unbearable hemicrania in very cross, snappish patients, with one red cheek.

Gelsemium.

Headaches of a congestive character with blurring before the eyes, profuse urination, atony and relaxation.

Tabacum.

See Solanaceæ.

Modalities.

The student must keep in mind that Sepia like the other prominent venous hyperæmics is aggravated by atonic and ameliorated by tonic influences. The patient is better after rest or sleep, better from the open air and pleasant emotions if not too violent, keeping in mind her hyperæsthesia of mind and body, and it is easy to remember that she is always worse from sensory impressions, contact, food, emotions when violent and especially if unpleasant.

Analogues in Hyperæsthesia – Nux vomica.

Intolerance of light and odors accompanied by irregular, spasmodic and inefficient performances of gastric or intestinal functions.

Lachesis.

Intolerance of touch or pressure.

Phosphorus.

Aggravation from electrical changes in the air, as well as those of humidity.

Arsenicum.

Irritable weakness with intolerant stomach.

Silicea.

Aggravation from light, noise, motion and thermal changes.

Natrum muriaticum.

Aggravation from constipation.

Pulsatilla.

Feelings easily hurt, cries for small cause.

Acrostic Resume.

S—Sulphur, compare:
Sick headache, Belladonna, Sanguinaria, Kalmia, Spigelia, Nux, Ignatia, Iris, Coffea, Chamomilla, Gelsemium and Tabacum.
Sagging viscera, sensitive, Nux, Lachesis, Pulsatilla, Phosphorus, Silicea.
Saddle across the nose, skin troubles, Natrum muriaticum, Graphites, Arsenicum, Petroleum, Hepar sulphur and Sulphur.

E—Earthy complexion, Natrum muriaticum, Lycopodium, Ferrum, Nux.
Endometritis, Natrum muriaticum, Lilium tigrinum, Pulsatilla, Platina, Calcarea carbonica, Murex.

P—Prolapsus, Natrum muriaticum, Belladonna, Lilium tigrinum, Pulsatillla, Platina
Pregnancy, morning sickness with empty retching, compare: Nux vomica, Pulsatilla, Lactic acid, Tabacum, Anacardium, Veratrum.

I—Irregular menstruation, profuse, China, Belladonna, Nux, Platina, Caulophyllum, Secale.
Scanty, Pulsatilla, Natrum muriaticum, Graphites.

A—Abortion threatening, Aconite, Arnica, Belladonna, Chamomilla, Secale, Veratrum.
Apathy threatening, Gelsemium, Sulphur, Ignatia, Phosphoric acid, Lycopodium.
Aggravation, consolation (Natrum muriaticum), sensorial impressions, Nux, Silicea; Food, Nux; emotions, Ignatia; atonic influences; ganglionics.
Amelioration, open air (Pulsatilla), atonic influences; ganglionics.

Comparative Personnel.

Calcarea patient is tearful, fat, fair, flabby, placid.

Pulsatilla patient is peevish, pessimistic, phlegmatic, prolapsed, pregnant or puerperal.

Sepia patient is delicate, dyspeptic and depressed.

Platina patient is proud, perverse, passionate, prolapsed.

LYCOPODIUM CLAVATUM.

This is a very useful agent in its comparatively small sphere of action, but its characteristics are not so many or so varied, as to make it difficult to comprehend in its entirety

Its principal action is upon the respiratory and digestive organs and kidneys, and its other symptoms radiate from these centres.

It is a ganglionic closely related to Sulphur in its vascular symptoms. It produces a venous hyperæmia, which is largely confined to the portal vein and radiates from it as a centre. This venous hyperæmia beginning in the portal system, shows itself in hepatic congestion, hæmorrhoids and a tendency to varicose veins and dropsies of the lower extremities.

The lack of assimilative power in the Lycopodium patient results in more or less emaciation and a tendency to mental depresson or irritability; the patient is rather imperious and self-important, like the Platina patient, but is more apt to be a man. He generally comes from the cultured class, and is refined in disposition and manner. His face is thin and wrinkled, and the natural lines of the face are deeper and more pronounced than normal.

Digestive Symptoms.

The principal digestive symptom appearing, whenever the drug is well indicated is a tendency to great flatulence, which is preferably gastric or sigmoid, but may involve the whole intestinal tract. It seems to be caused by fermentation of the ingesta and appears almost immediately after or while eating, so that while the patient sits down to the table with a ravenous appetite, a few mouthfuls seem to fill him up to repletion, and he cannot eat more, though his appetite soon returns

The secretions of the Lycopodium patient are all extremely sour, he belches sour, has sour eructations, sour smelling actions and sour, strong smelling urine, which deposits a brick dust sediment, showing a lithic acid diathesis. This acidity in the alimentary secretions helps to explain the tendency to fermentation which is always present; after eating, this fermentation continues until the whole abdomen seems as tense as a drum, and distended to its utmost limits, so that the patient is not comfortable until all constricting clothing is removed. (Lachesis—complement, Nux vomica, Carbo vegetabilis.)

The liver, too, is congested and tender to touch, and the tongue coated a dirty yellow.

The liver trouble very much resembles cirrhosis, and the ever present flatulent dyspepsia and hæmorrhoids from portal stasis.

Respiratory Symptoms.

Like Carbo vegetabilis, Stannum and Antimonium tartaricum, as mentioned fully and differentiated in the chapter on Carbo vegetabilis, the drug is especially suited to senile bronchitis. In such cases we have a brown-colored expectoration following the cough; and constant flapping of the alæe nasi in a mad desire for air, for the patient has too much air below the diaphragm, but not enough above. It is also suited to the asthma that comes with flatulent distension of the stomach and bowels caused by crowding of the breathing room.

Kidneys.

The principal Lycopodium symptom, referable to the kidneys, is the presence of red sand in the urine, which is a grand characteristic and is generally present to perfectly indicate the remedy.

Analogues.

Natrum muriaticum, red sand in the urine with cutting in the urethra after micturition.

Sepia.

White sediment in the urine.

Typhoid Fever.

Lycopodium is more purely and distinctively a drug. It is sometimes indicated in typhoid and

other low conditionsc after cerebro-spinal life seems to have been suspended. The indications in such conditions are impending paralysis of the brain with stupor, fishy looking eyes, dropping of the lower jaw, breathing snoring, rattling in the trachea (death rattle sound), pulse intermittent, tongue swollen and dry.

These with the few additions given in the accompanying characteristic epitome give as perfect a picture of Lycopodium as is necessary to the prescriber.

Characteristic Epitome.

Patient emaciated, refined, cross, imperious, cultured. Face thin, lines deeply drawn, especially about the eyes, crow's feet and mouth.

Skin sallow and wrinkled (Natrum muriaticum, Nux vomica and Sepia).

Sour secretions and excretions (China,, Carbo vegetabilis).

Hepatic congestion (Bryonia, Chelidonium, Phosphorus).

Portal stasis (Sulphur, Aloes, Nux vomica).

Senile bronchitis with nasal flapping.

Red sand in the urine.

Aggravation from 4 to 8 P. M. from cold and immediately after eating.

Hot flushes during climacteric, and after eating (Bryonia, Sulphur, Sepia, Calcarea carbonica and Lachesis).

Threatened brain paralysis.

Stoppage of the nose in children.

Impotence with cold, relaxed sexual organs.

Rhinology.

SOME SINUS DISEASES AND THEIR BEARINGS.

BY E. D. BROOKS, B. S., M. D., KALAMAZOO, MICH.

The proximity of the various sinuses tributary to the nasal passages to important structures, and the very thin lamellæ of bone separating these sinuses and such organs as the eye and brain, and the frequency with which diseases of the former affect seriously—nay, fatally—the latter, give to the study of those cavities more than a passing interest and cause us to wonder that diseases affecting them are not more often recognized. It is common for patients to suffer from inflammation or abscess of one or more of the accessory sinuses for weeks or months at a time without the nature of the malady having been discovered by the attending physician, the diagnosis often being neuralgia, that scapegoat of the befogged diagnostician. We are coming to recognize that neuralgia is a symptom of a disorder, often located in a distant part of the body from the seat of the pain, and to search diligently for its source or causation.

The most frequent offender among the sinuses is the antrum of Highmore, the largest, and, fortunately the most accessible. The principal cause is nasal catarrh, acute or an acute exacerbation of a chronic rhinitis, the inflammation extending to the antrum by continuity of tissue or by occlusion from swelling of the mucosa, of the outlet in the middle meatus, external to the anterior third of the middle turbinal. It is doubted now that decayed teeth, whose roots may project into the floor of the antrum, are often the cause of antral abscess. The severity of attack may vary from a simple inflammation of the mucosa to extensive destruction of the same denudation of the walls, formation of polypi and abundant granulation tissue, even to destruction of the bony wall and invasion of surrounding structures. In this last possibility lies the chief danger to the patient, which brings us to the consideration of some of the complications arising from such a process. Should the destructive process extend outward, we have pus burrowing in the tissues of the cheek and finding escape into the buccal cavity or down into the neck. Downward, it attacks the hard palate or roots of the teeth and their surroundings, especially into the mouth or burrowing down into the pharynx. Inward, it escapes into the naris, through the natural opening or one formed by destruction of the hard and soft tissues intervening. By far the most serious to the patient and interesting to the specialist is the burrowing upward into the orbit. This is made easy by the very thin plate of bone intervening, and at once endangers the integrity of the eye and causes the patient to seek relief at our hands as specialists, whereas, prior to the occurrence of that catastrophe he may have been under the care of his family physician for neuralgia. Even without having eroded its way into the orbit, the eye may suffer severely from an accumulation of fluid in the antrum of Highmore, any or all the tissues of the eye becoming involved in the inflammatory process. In a recent case referred to me by her physician, there was superficial and deep inflammation of the right eye, with marked falling off of vision, which had grown steadily worse despite the use of the usual methods in vogue for subduing such attacks. There was considerable swelling of the right cheek and a history of supposed facial neuralgia affecting all that side of the head. A suspected antrum trouble was made certain by darkening the room, introducing a small electric light into the mouth and closing the lips. The translucency of the two sides of the face was markedly different, and while the light was plainly visible to both patient and physician in the left and sound eye, none was visible to either party in the patient's right eye. The case yielded quickly and certainly to treatment designed to establish drainage into the naris, a marked improvement being manifest within the first twenty-four hours, and recovery within a week, with restoration of the eye to normal. Astringent applications to the turbinal bodies, especially the space between the middle turbinal and the antral wall, with positive galvanism to the cheek over the antrum, and the internal administration of Pulsatilla or Kali bichromicum, will suffice in most cases of acute maxillary sinusitis, as free drainage through the natural opening thus secured, allows resolution to take place. Where drain-

age can not thus be secured, puncture of inner wall in the lower meatus by a small curved trocar about one inch inside the naris allows free drainage, irrigation and the injection of Calendula, Acetozone or other antiseptic. If more radical surgical measures are required, the antrum must be chiseled into in the canine fossa through the external wall, an opening made large enough to permit of thorough curetting of the lining membrane and a counter opening made in the inferior meatus, after which the sinus is treated as found necessary and the buccal opening closed by sutures in the overlying tissue. This is sometimes done under local anæsthesia, as I have often seen in Chiaris' Clinic, a very gory and apparently painful operation. The after-treatment is carried on from the nasal opening and usually results in a cure. Except under the most urgent necessity, one is justified in prolonged use of the milder measures, and I am certain that the indicated remedy enables us to conduct many a case to recovery which would otherwise come to the stage when extensive operative procedure would be required.

Many of the symptoms above detailed are present when the antrum is merely a receptacle for pus from the ethmoid or frontal sinuses, upon determining which, after providing proper drainage, our treatment would be directed to the primary source of the discharge.

Aggravated cases of ethmoid disease (and they are the only ones requiring special treatment beyond that given the nasal passages for catarrh) are easily diagnosed, as the pain is located at the root of the nose and between and behind the eyes, the swelling is sometimes between the eyes and may be such as to cause the eyes to diverge and the width of the base of the nose to noticeably increase. The discharge is usually profuse, olfaction is in abeyance and masses of polypi may occupy the cells and project into the naris, quickly recurring after being removed. The removal of the anterior half of the middle turbinal, destruction and curettement of the cells, with the usual after treatment is generally sufficient to accomplish a cure. Pulsatilla, Kali bichromicum and Mercurius are the usually indicated remedies, though any remedy may be required if the symptomatology corresponds. The chief dangerous complications are orbital and cerebral abscesses, exopthalmos, divergent strabismus and empyema of maxillary antrum.

When the frontal sinuses are the seat of inflammation, which is comparatively rare, the symptoms are so distinctly referred to the seat of the trouble that the diagnosis is comparatively easy. The pain is frontal and in the region of the eyebrows, the swelling, if any, is in the same region the discharge appears just below the anterior third of the middle turbinal. The pain of acute inflammation can usually be allayed by hot fomentations applied over the seat of the disease, and astringent applications to the middle fossa, the pain being sometimes caused by turgescence of the tissues at the infundibulum or point of exit of the naso-frontal duct, interfering with the escape of the products of inflammation. A cotton-wound nasal probe, medicated with a solution of supra-renal extract of standard make, with addition of Cocaine if the operator chooses, introduced into the middle meatus, well under the middle turbinal and retained in place for a few minutes, will frequently allow the pent up discharge to escape, with rapid relief of the painful symptoms. Failing to obtain relief in this way, a probe may be passed through the duct into the sinus, or a blast of medicated vapor blown through the same duct, or, if necessary, an opening into the sinus at the upper and inner angle of the orbit may be made, or even extended to the Kilian operation, a description of which is too long and technical for a paper of this character, and needed only where extensive disease has filled the sinus with granulation tissue or polypi or eroded the walls of the sinus. Again, the chief dangers are of orbital or cerebral abscess, which occur only in neglected cases, with destruction of the bony walls of the sinus. Frontal sinusitis can only occur in adults, as the sinus is absent in children. Transillumination is sometimes helpful in diagnosis, but is only supplemental to the more positive local symptoms, as there may be almost entire absence of the sinus upon one side of the head and an enormous one on the other. The object sought in any treatment, operative or otherwise, is free drainage into the nose, to establish which it may be necessary to make an opening through the ethmoid cells.

The most difficult to diagnose or treat, as well as the most unfavorable in prognosis of the sinus disease is that of the sphenoid sinus. If you can assure yourself that the other sinuses are healthy, or, at least, not responsible for all the symptoms in a case, if the pain is deeply situated, if the discharge is post nasal, if there is amblyopia from pressure on the optic nerve, exophthalmos and strabismus, you are pretty certainly dealing with sphenoiditis.

As this is usually an extension of post-nasal catarrh, the energetic treatment of the latter is generally sufficient to control the sinusitis by permitting free discharge. Should prompt relief not follow, it is necessary to introduce a probe or canula over the upper portion of the middle turbinal and far back into the posterior superior nasal space into the outlet of the sinus, treating it as any of the other sinuses, even to enlarging the opening and curetting the walls, a procedure more easily advised than accomplished. Extension to the orbit or brain, or injury to the optic nerve from pressure, are the chief dangerous complications, and, as in cases of the other sinuses mentioned, occur in neglected cases.

The time seems propitious for a getting together of the family physician and the specialists of the various regions in the way of mutual helpfulness, each being mindful of the others' interests and thus avoid the many lamentable instances of suffering and death from neglect of what, in the early stages, was an easily curable malady. This co-operation should occur not only in such gatherings as this, and in theory, but also in actual practice in our various fields of activity and struggle for the benefit and safety of those who entrust their physical all to our care. [N. W. Ohio Soc.]

Dermatology

THE ROENTGEN RAY IN DISEASES OF THE SKIN.

BY ROLLIN H. STEVENS, M. D., DETROIT, MICH.

In these days of such rapid progress in all the sciences, old therapeutic methods that have not been entirely satisfactory, are quickly superseded by something new. The study of skin diseases, as a specialty, is of comparatively recent origin. The etiology and pathology of most of them are still wrapped in obscurity. The homœopathic similimum is difficult to find, perhaps because of so little data on which to compare disease and drug symptoms. The internal therapeutics of the dominant school have proven to be of practically no value in this line of treatment as in most others. The classical system of facial treatment of skin diseases inaugurated by Hebra perhaps has been the most successful in that it has given the most relief from the local symptoms. But, while it was good, it has not been entirely satisfactory, because it failed to reach the casus morbi.

With the advent of the Finsen light in 1896, a new and successful method of treating one of the most rebellious and most chronic skin diseases, namely, lupus vulgaris, was established. The results accomplished were supposed to be due to the bactericidal action of light, and the late Prof. Finsen made many ingenious and painstaking experiments to prove this. The probabilities now are that Finsen was right, but he did not go far enough. It was not then considered that the killed bacteria and the broken down cells resulting therefrom, on being absorbed in the system, might make any material constitutional change. "Kill the germ and cure the disease" was the first natural outcome of the establishment of the germ theory. And so antiseptics of all sorts were used internally, externally and eternally. It was felt by our friends of the other school that the establishment of the germ theory would be a death blow to homœopathic principles. The Homœopath, on the other hand, felt certain that there were other forces to be reckoned with. And now this is no longer disputed. But this is aside.

The announcement of the effects of the Roentgen ray on the skin occurred soon after Finsen's announcement and much experimentation has been carried on in the intervening years to test its bactericidal action. These experiments for the most part have proven negative. It is now pretty well conceded that the ray itself is not directly bactericidal, but may prove so indirectly through the action of an "electro-chemical substance" produced as a result of the action of the ray as the tissue in which the bacteria are growing The nature of this "electro-chemical substance" is not known. We do know, however, that toxins are produced by the action of the ray on the tissues, and they are carried into the general circulation, producing constitutional symptoms that may be very mild or very severe according to the amount and quality of the ray, just as is the case in the local influence of the ray.

To understand better the action of the Roentgen ray in diseases of the skin we must first appreciate its effect on the normal skin and its general constitutional effects

Many patients have a slight erythema, and some burning in the skin, during, immediately following or a few hours after treatment This is transitory, however. During treatment many patients complain of sleepiness, and ofttimes they say they are all tired out and sleepy for the rest of the day, after treatments lasting a half hour.

A radiodermatitis of the first degree sets in from one to three weeks after a certain dose of the Roentgen ray. It is characterized by a slight itching and buring of the skin, accompanied by a slight erythema, or a brown pigmentation in brunettes. There is some infiltration of the epidermis causing a feeling of stiffness. The hair falls out, the redness and subjective symptoms increase for a few days and then desquamation in fine bran-like scales takes place and the skin soon assumes the normal condition except perhaps for a little increased pigmentation. In some cases atrophy follows even this slight reaction, and occasionally telangiectases appear a year or so later.

With a larger dose a second degree radiodermatitis may appear. The symptoms of this follow in five to ten days, and it is at once seen that the entire inflammatory process is much deeper and more severe than the one just described. The hair falls out, the skin is a deeper red, vesicles and bullæ form, and soon the whole area affected exhibits an excoriation. It is covered with a whitish membrane, beneath which is an intensely red surface, secreting a serum or even pus. There is considerable burning pain, and it is very sore to the touch. It may be many weeks before it heals. The first new skin is dry, soon cracks and exfoliates one or more times. Finally the skin is atrophied, and the loss of hair is likely to be permanent. Anomalies of pigmentation and telangiectases remain.

If a still larger dose be given an inflammation of the third degree appears in four to eight days. In a week's time this goes on to ulceration and necrosis. A very painful ulcer, showing little tendency to heal, results. It may persist for months or years, and finally heal, leaving a deep scar with marked telangiectases.

In addition to these local reactions there appears not infrequently toxæmia. It is more frequent in children than in adults. It is more likely to occur with the reaction of the second and third grade, but may appear in reaction of the first grade when the latter covers considerable territory, as in raying several parts of the body at one sitting. It is caused by the absorption of the disintegrated cells of the area exposed. In these cases the temperature may reach 104° or more, the pulse becomes very rapid, profuse perspiration may follow. Albumin and casts may appear in the urine. In young people a universal exanthem has been observed.

But these are the acute effects from a few comparatively strong doses of the ray. In marked contrast with these are the chronic changes taking

place in the skin as a result of many weaker doses repeated at short intervals, during a rather long period of time. The skin does not become immune to the Roentgen ray by constant dosing. It is much more likely to become more and more sensitive to it, the more it is exposed. This chronic form has only been observed in pioneer radiographers who frequently exposed the hand, many times also the face and chest, in testing the penetration of the rays. The back of the hand was usually exposed. The symptoms began with a slight longitudinal cracking of the nails. Then there was redness, burning and light swelling of the skin. The furrows of the skin were exaggerated and the thickened epidermis was loosened from its bed. Elasticity of the skin was diminished, and the finger joints were thickened. The nails became more and more cracked and brittle. The folds of the nails were reddened, and hang nails formed there. The skin was unusually sensitive to irritation of any kind, such as cold, chemicals, photographic developers and Roentgen ray. Usually hyperkeratoses developed early in the form of little black, hard wart-like growths. This latter condition is frequently present in the skin of the backs of the hands and the face of old people, who have been exposed a good deal through life to the rays of the sun. Should the victim of such hands continue exposing himself to the rays further, more serious changes take place. The skin on the backs of the fingers becomes thinned, atropic, sprinkled with telangiectases, brown pigment and white depigmented spots. This condition resembles closely a disease known as xeraderma pigmentosa. If carried still further the skin becomes rough, hard, and more spreckled with red, brown and white areas. Rhagades form, the nails are more and more deformed, telangiectatic spots increase, a more typical condition of scleroderma. Still later excoriations and painful ulcers form. The pain is burning in character, and is much worse from exposure to cold. Finally epithelioma may develop.

Such are some of the acute and chronic symptoms of Roentgen ray action on the normal skin,

Let us now briefly relate our experience in the treatment of diseases of the skin with the same agent and then compare the action of the ray in health and in disease. But first just a word as to technic. It will be impossible in this paper to give details of technic. That can be found in the text books, but it can only be learned by long experience. The personal equation enters as largely into the results of Roentgen ray treatment as it does in surgery. Technic usually varies in some details with each individual, and the perfect technic is by no means as yet worked out. In order to be skillful in Roentgen therapy he must be familiar with his apparatus, he must understand the construction, the use of the various parts of his energizing machine, he must appreciate differences in interrupters, he must know how to energize tubes of different degrees of vacuum, and the effects of their respective rays, their degrees of penetration. He should be familiar with the means to regulate the vacuua of tubes, and the effects of the rays at varying distances. He should have a knowledge of inverse currents and the means to control them. All these matters and many more can be beautifully studied with the help of the photographic plate, and I now believe that in order to be a good radiotherapeutist one should be a good radiographer.

Up to the present time Roentgen therapy has only been applicable to chronic skin diseases.

Acne.

The Roentgen ray has been considered a specific by many in this disease. My personal experience has not been entirely satisfactory. Crane treated some cases of acne with the Roentgen ray controlling the repetition of the dose by the opsonic index. He reported that the ray raised the index and that coincidently the local condition improved and was finally cured. This would appear to demonstrate the constitutional action of the Roentgen ray. I know of no instances where the ray produced in the healthy any condition similar to acne.

Eczema.

Some of the chronic dry forms of this disease respond very well to the action of the Roentgen ray. I have also treated a few cases of moist vesicular eczema of a subacute type with considerable success. I find the cases are prone to relapse, which is characteristic of the disease by any other treatment I have tried. Vesicular forms resemble closely in their symptomatology the second degree of radiodermatits. The dry, scaly forms resemble the more chronic Roentgen ray effects.

Psoriasis.

Many cases of psoriasis will begin to clear up after a week's treatment by the Roentgen ray and will soon after seem to get entirely well. Relapse is likely to follow, however, in a very short time.

Senile Keratoses.

As I have before remarked this condition corresponds closely with chronic Roentgen ray dermatitis. It very quickly relieves the similar condition found in old people, farmers especially, who have been injured by the chemical rays of the sunlight.

Epithelioma.

Most of the so-called skin cancers can be cured through the action of the Roentgen ray. I should say that at least 75 per cent. of them can be so cured. Perhaps many of the cases that do not respond might do so with better technic. Repetition of the dose is a very important matter in these cases. If the dose is too strong, or repeated too frequently, I have seen several cases that were previously improving suddenly change for the worse, and then utterly fail to respond to this treatment. In these cases I have concluded that excessive dosing was responsible. Toxins were produced thereby and absorbed by the system in sufficient quantity to lower its resistance, and thus give the growth a new lease of life, which the system lacked vitality enough to appease.

Sycosis Vulgaris.

This exceedingly chronic and persistent disease of the beard is very rebellious to treatment. The Roentgen ray, however, will usually cure these cases. Other constitutional treatment may be necessary to increase the patient's resistance. The opsonic treatment is of much value here.

Ringworm on the Scalp.

In this disease the Roentgen ray is a specific. It often saves years of fruitless treatment by other means. In Paris where large sums of money have been spent annually by the city in maintaining separate schools for hundreds of ringworm children the Roentgen ray has made it possible to dispense with these institutions. In favus the ray is likewise successful. The ray in these cases is supposed to cure by the epilation which it produces. It seems to me it has more than a mechanical action here; for the parasite would likely develop again from the numerous spores which are shed as the hair falls. Is it not likely that the absorption of the disintegrated cells and perhaps of the fungus itself inoculates the tissues to make them immune. We know that some children are naturally immune against ringworm.

Pruritus,

Especially the old chronic cases involving the genitalia and anus, are quickly relieved by a few applications of the ray. They are prone to relapse, and, of course, the cause must be sought out and removed if possible. The pruritus caused by Roentgen ray in normal tissue is well known.

Scrofuloderma and its causative factors, tuberculous glands, are so readily cured by the use of the Roentgen rays that I feel warranted in asserting that at present we have no other method which is as successful unless it be the opsonic treatment—by small doses of Koch's T. R. Of course, here during ray treatment there is probably autoinoculation with minute doses of tuberculous matter, which raises the opsonic index.

Lupus has been reported cured by the Roentgen ray by many authors. Personally I have used the Finsen light more in these cases, though in large areas I have used the Roentgen ray to assist, and have then found it of considerable value. It seemed to me, however, that the cases rayed relapsed more frequently than those treated by the light.

It relieves the uncomfortable condition known as keratosis palamaris et plantaris, where the palms and soles are masses of thick, hard calluses—apparently a constitutional and hereditary condition. After sufficient raying the callus dropped off.

Mycosis fungoides has always proven fatal before it was treated by the Roentgen ray. With this treatment it is not completely cured, but it is kept well under control, so that the patient gets along comfortably. The tumors of the disease, their premycotic eczamatous plaques with their intolerable itching, are made to disappear. They soon relapse, but the treatment will then be as effectual as it was before. In the premycotic stage this disease has many symptoms of Roentgen ray dermatitis.

Chronic indolent ulcers heal quickly under the influence of Roentgen therapy.

After this brief recital of some of the effects of Roentgenization in health and disease, it is interesting to inquire how the results are produced. More than a year ago Prof. Cabot, lecturer on medicine at the Harvard Medical School, stated his belief that the Roentgen ray was homœopathic in its action. Others have made the same comment. Have we presented any evidence of this in our paper today? We have given some evidence. I think that the action of the ray is not entirely local, but it breaks up disease products, which products, so far as known, can only be absorbed into the general circulation, very much diluted it is true, but of sufficient strength to produce symptoms of grave severity. That this material absorbed into the system in suitable doses does exercise favorable influence on general and local symptoms of disease can be no longer gainsaid, as fully testify the experiments in opsonotherapy, and before that the work of our own Burnett with tubercular matter. According to this evidence the Roentgen ray may not be homœopathic, but does it not bring about a homœopathic cure, by causing an autoinoculation with disease matter, that is, the cause of the disease as we see it on the surface? The therapy of the action of the ray in causing the disintegration of healthy disease cells and their absorption is interesting, but time will not permit of my doing more than refer to it here. Briefly, the tissue affected is in all probability ionized, i. e., broken up into ions by the electro-chemical action of the waves of ether of which the Roentgen ray is supposed to be composed. That means that the cells are broken up into atoms and their component electrons to form new combinations in the system, which are harmonious, hence normal in their action. [N. W. Ohio Soc.]

Societies.

NORTHWESTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The fifteenth annual meeting of the Northwestern Ohio Medical Society was held at the Boody House, Toledo, O., on Wednesday, December 10th. Dr. B. W. Dawley, of Toledo, occupied the president's chair and he filled it completely with a mental as well as a physical grace.

It was one of the most successful meetings in the history of the association. About sixty physicians were in constant attendance and good, live physicians at that, who were ready and anxious to take part in the discussion. The following is a list of the papers in order of their presentation:

Some Curative Remedies in Headache, W. A. Dewey, Ann Arbor; Syphilis of the Nervous System, W. F. Maxwell, M. D., Ionia, Mich; Intestinal Obstruction, W. E. Trego, M. D., Cleveland, O.; Exsection of Knee Joint, J. H. McVay, M. D., Toledo, O.; Osteomyelitis, A. T. Barnum, M. D., Toledo, O.; Hysteria, J. Richey Horner, M. D., Cleveland, O.; X-Ray and Skin Diseases, R. H. Stevens, M. D., Detroit; Prolapse of the Uterus, J. C. Wood, M. D., Cleveland, O.; Eye Reflexes, W. H. Phillips, M. D., Cleveland, O.; Some Sinus Diseases, E. D. Brooks, M. D., Kalamazoo, Mich.

Besides these papers an interesting clinical case

of post-typhoid chorea was presented and diagnosis and prescription made therefor.

Among those from without the State were Drs. Denman and Pease, from Illinois; Drs. Brooks, Stevens, Hughes and Dewey. from Michigan. Cleveland sent a representative delegation, among whom we noticed Drs. Baxter, Wood, Horner, Trego, Phillips, Staples.

The evening was devoted to a dinner given by the Toledo physicians to the out-of-town doctors and ladies. This was a brilliant affair and the inimitable Dawley presided with a continuance of his graciousness. Several ponderous speeches were made, but in spite of these, the evening was a delightful one.

One of the special actions taken by the society was the resolution to invite the Homœopathic State Society of Ohio and the Michigan State Homœopathic Society to meet in joint session in Toledo in 1909. We trust both of these societies will accept the invitation. Such a meeting would eclipse the Institute with its whole works, intra and extra, and Maumee's hospitality would flow like its waters, never ceasing.

The beauty of Toledo is that our physicians there are harmonious. There are no bosses. none that tower high enough over the next one to be a boss or, if one prefers, all are bosses, and thus harmony of action is secured. It is a great meeting place and the joint sessions of tne State Societies of these two great States would attract attention all over the country.

KENTUCKY STATE SOCIETY.

Announcement.

Dear Doctor: The 1907 session of the Kentucky Homœopathic Medical Society at Louisville, was a pronounced success.

To all of those who actively participated in this meeting, the society owes a debt of thanks, which is due to the president in particular. for his indefatigible efforts in the society's behalf.

The department of Materia Medica was strong, and a range of discussion was elicited, that was surprisingly vigorous and profitable. Dr. C. M. Boger, of Parkersburg, W. Va., an acknowledged authority on Materia Medica, presented the Use of the Repertory in an able manner; this presentation was particularly well received. and excited a degree of enthusiasm highly gratifying.

The officers of the society will this year select a programme, particularly adapted to the needs of the General Practitioner; embracing those subjects in which difficulty is encountered in both diagnosis and treatment.

Carefully arranged programmes represent a great amount of time and labor, which are generously and gratuitously spent by the loyal participants for the good of our common cause. In return for this, however, we have a right to claim the presence of every Homœopathic physician of this Commonwealth, at the society meetings.

The next session will be held at Lexington, in May, 1908, and we sincerely hope that every homœopath in the State will so arrange his work as to make it possible for him to attend, and thus contribute to making this session worthy of our calling and of our School.

Fraternally Yours,
Mary E. Hopkins, M. D.;
Secretary.

609 E. Chestnut St., Louisville, Ky.

HOMŒOPATHIC SOCIETY OF NEW YORK.

The 46th annual meeting of the Homœopathic Medical Society of the State of New York, will be held at the Ten Eyck Hotel. Albany, New York, February 11th and 12th, 1908. The meeting will convene at 10:00 o'clock Tuesday and adjourn in time for the members to take the afternoon trains on Wednesday.

As there is no exciting legislation in sight or likely to be before that time, the business of the annual meeting will be quickly disposed of so that most of the session can be devoted to the reading and discussion of papers. There will be at least twenty-five papers presented, many of which are now in course of preperation.

There will be a banquet at the Ten Eyck on the evening of the 11th, upon which the local committee are now finishing the details. Several distinguished guests from outside of the State will be present and discuss and present papers in the various bureaus.

ANENT THE INSTITUTE MEETING AT OKLAHOMA CITY

Sioux City, Iowa, November 23, 1907.

When I recently visited Oklahoma City I was agreeably surprised. Certain articles in our journals led me to believe, that this city is a small, unimportant place, with a few out of date hotels. I can, however, contradict this to the letter. Oklahoma City is a very live town of some 35,000 inhabitants, pushing, rushing, building, grading, tearing up, beautifying, smiling with a hearty welcome to all strangers. I do not believe that there is another city in our country, where strangers are welcomed more heartily than here. Everybody is glad to see you, to show you around town and to make it pleasant for you. They all boost for their rapidly growing city with true western spirit. Our own Dr. Hensley is the prince of boosters, however, and highly esteemed by everybody, rich or poor. He has everything arranged so well. The large Commercial Club will give us a banquet, the Four O'Clock Tea Club (some of the best and loveliest ladies in town) have a grand reception for us, and they all want us. We should not disappoint them.

The hotel accommodations are ample for us and very good, the assembly halls are large and in noiseless locations, smaller halls are provided for sectional meetings, and convention hall can house every member of the Institute and then has room to spare. The climate is wonderful, and the temperature in June is not at all excessive, they tell me. Good rates are insured, and the place is easly reached from all directions by through Pullmans. Okla-

homa City is fast becoming a convention place, and has repeatedly found it easy to take care of more than 2,000 delegates.

But are there no drawbacks to Oklahoma City for our next meeting? There may be. We will not find any large, beautiful parks for a pleasant hour of recreation, or a water front with inviting boat trips, nor large libraries, or the like. This may, however, be an advantage, for it keeps us closer to our scientific work. Many streets are torn up preparatory to paving, and all over new houses are being built, and the fine red sand of that place may be very unpleasant on windy days. The water served down town, at least at the Lee-Huckins Hotel the largest one), is far from good, it is cloudy and contains much iron. But aside from these few drawbacks I do not know any, and they may be overcome to a great extent by the time we gather there. Let us all attend that promising meeting at Oklahoma City, and I am sure we will have a very good and profitable time.

Dr. S. Staads.

Examining Board Meetings for January,

Alabama, Montgomery, January, 7.
Arizona, Phoenix, January 6.
Arkansas, Little Rock, January 14.
Colorado, Denver, January 7.
District of Columbia, Washington, January 9.
Illinois, Springfield, January —.
Minnesota, St. Paul, January 7.
New Hampshire, Concord, January, 14.
North Dakota, Grand Forks, January 7.
Oregon Portland, January 8.
Rhode Island, Mitchell, January 8.
Utah, Salt Lake City, January 6.
Vermont Montpelier, January 14.
Washington, Spokane, January 7.
Wisconsin, Milwaukee, January 14.

The Library.

BOOK REVIEWS.

International Hahnemannian Association Transactions for 1908.

The proceedings of the 28th annual session of this Society came to us in a handy book form, promptly issued after the meeting, and like all the previous volumes of this association contains a wealth of good material. It is really refreshing to read the pages of this book. There is a conviction about its Homœopathy that is solid. We have only one point of criticism, and that is useless, and this refers to the continuance of the fluxion potency nomenclature and use. It is not homœopathic. We might as well give Lydia's Vegetable Compound and know just as much what we were giving as to give tne C. M. Fincke or the D. M. M. Swan. Cut this out, give straight Hahnemannian medicine and we are with you. No matter how high it is.

The papers in this volume are of special value. That of Dr. Stuart Close, on Inherited Gonorrhœa, is especially notable, though this was presented to the American Institute of Homœopathy. The article, Amanita, is wrongly attributed to Dr. F. E. Gladwin. It was a contribution from the Round Table Club of Philadelphia. As we have previously remarked, we need this society in the American Institute, and it has no Homœopathy in it that is too good for the Institute or is not needed by it .

Diseases of the Digestive Organs.

For Students and Practitioners of Medicine. By Owen A. Palmer, M. D., Cleveland, Ohio.

Dr. Palmer has been a specialist for nearly a quarter century in diseases of the digestive organs, and may be considered as a practical authority on the subject. The work before us is the outcome of his experience, and it is presented in a practical, thorough and conservative way, a way eminently suited to the needs of the practitioner.

The indications for the remedies are a composite of those of the homœopathic and eclectic schools, and as such are doubly valuable. In fact, to us it is the best part of the book. This is as it should be, for what, after all, is the aim of medicine but to cure the sick. There are some errors in the proof reading, especially of the names of the remedies, but the work is a good one all the same.

What to Do for the Stomach.

A careful arrangement of the most Important Symptoms in Diseased Conditions of the Stomach and the Remedy Indicated in the Cure of these Symptoms. By G. E. Dienst, Ph. D., M. D., author of "What to Do for the Head." 202 pages. Cloth, $1.00, net; postage, 5 cents. Philadelphia: Boericke & Tafel, 1907.

The amount of good, sound, practical homœopathic materia medica contained in this little volume is wonderful. It is admirably arranged, and the subject presented with the charm and facility Dr. Dienst knows so well. No one can read the rubric pain without being a better prescriber; indeed, this applies to the whole book. Every homœopathic physician should have the book, every eclectic ought to have it, and if every allopath were obliged to give the indications therein contained a fair trial there would be no more allopathy in the land.

Repertory of Cough, Better and Worse.

Compiled from Allen's Handbook. By Willard Ide Pierce, M. D., New York, 1907.

This is another of the small sectional repertories that are sometimes so useful. It is especially with reference to the modalities of aggravation and amelioration that the work is compiled. It will have a two-fold use, to the practitioner in looking up his cases, to the student in learning the characteristics.

Thomas Skinner, M. D.

A Biographical Sketch. By John H. Clarke, London.

Dr. Clarke has assembled in a small bound volume a most interesting sketch of his late friend and preceptor, Dr. Thomas Skinner. Dr. Skinner was

one of the best of English Homœopaths. He was a pupil of Sir James T. Simpson, and a convert to Homœopathy after the Henderson-Simpson controversy. He was the representative of British high potency Homœopathy and originator of a fluxion centesimal potentizer.

Dr. Clarke has done an admirable thing in preserving these valuable historical and biographical data of one who was one of the best and most successful homœopathic prescribers in Britain.

A Manual for Boards of Health and Health Officers.

By Lewis Blach, M. D., Albany, N. Y. Banks Co., Albany, N. Y., 1907.

This is a compact guide for the boards of health officers of New York, giving their duties as required by the public health law of the State. It is doubtless a useful manual for the officials interested in the public health of the State.

Surgical Applied Anatomy.

By Sir Frederic Treves Bart, London. Fifth edition, revised by Arthur Keith, M. D., London. Philadelphia: Lea Brothers & Co.

This excellent work has been revised throughout and all brought up to date. New plates have been prepared, and the book is now about as complete as it can be. It contains a wonderful amount of useful and practical knowledge, not only to the student of anatomy but to the practicing surgeon and physician as well. It is a book we would advise every one to possess and read.

Diseases of the Nervous System.

Edited by Archibald Church, M. D., of the Northwestern University of Chicago, Illinois. D. Appleton & Co., New York and London, 1908.

This is the latest and finest work on nervous diseases in the English language, being an authorized translation from Die Deutsche Klinik, by Julius L. Salinger, M. D. It is composed of contributions from the leading neurologists of Germany and Austria to the number of thirty or more, representing the most advanced thought on the subject. The thorough and complete presentation of the subjects is one that compels admiration, for in it is found perhaps the most detailed description of the various diseases, descriptions that supplement most of the works on nervous diseases. We commend the volume to our teachers, students and practitioners.

The Illusions of Christian Science.

By John Whitehead, M. A., T. B. The Garden Press, Boston, Mass., 1907.

This work purports to be a rational examination of the philosophy of Christian Science. The author goes into the subject thoroughly, rather endeavoring to show that Mrs. Eddy copied from Swedenborg, and presented nothing that had not been presented by him.

The Toledo Homœopathic Club held a meeting on December 17th. Dr. Emma Butman presented a paper on Hysteria.

"THE ELIMINATION OF SECTARIAN DOGMA FROM SCIENTIFIC MEDICINE."

A Reply to Dr. Henry Beates, Jr.

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICH.

The November number of the "Monthly Cyclopædia of Practical Medicine," in its editorial department, has a signed article on "The Elimination of Sectarian Dogma From Scientific Medicine." It is from the pen of Dr. Henry Beates, Jr., President of the Pennsylvania State Board of Medical Examiners, and appears to be the record of his remarks before the Philadelphia County Medical Society, when considering the subject of eligibility to membership of all reputable practitioners of medicine whose treatment is declared not to be based upon sectarian theory or dogma."

I know absolutely nothing of Dr. Beates except such information as this article affords. Unless he is redeemed by other achievements, this lucubration must condemn him as an inconsistent, misinformed or uninformed, unscientific and self-sufficient gentleman. His remarks were an attempt at rhetorical and oratorical flights, hampered by the bitterness of a whipped and disappointed politician, and ending in a wailing appeal to mankind to restrain Homœopathists "by having them securely placed in" what we call insane asylums."

I devoutly pray that the good citizens of the City of Brotherly Love may not act upon this suggestion. It would be sad indeed for me to think of Goodno and Bartlett, and dear old Van Lennep, Brother John E. James, Harry Weaver, the dignified Thomas and the rest of the Philadelphia brethren as languishing behind asylum bars. Blessed indeed are Mohr, and Dudley, and Hering, and Dunham, that they have gone beyond the reach of such a possibility! I rejoice, too, that their lives here made them safe from the probability of future association with this untamed professional brother. Holy Writ anticipated this attack when it was recorded: "Whosoever sayeth to his brother, thou fool, shall be in danger of hell fire." Asylums for the deluded and idiotic Homœopathists is Dr. Beates' rhetorical manner of expressing the simple language of the Scripture.

I am surprised that the publication of this attack should have been inspired by Dr. J. Madison Taylor, who has been represented to me as a broad-minded and truth-seeking gentleman. It is fresh in mind that this same editor within the half year conveyed an invitation to the present writer to present the cause of Homœopathy to the readers of the "Monthly Cyclopædia." If others of the Philadelphia Medical Society are as ignorant as Dr. Beates of what Homœopathy is and what it stands for, I regret that somebody has not enlightened their benighted minds. A frank statement would prove not only interesting, but might give mental freedom and enlightenment to some who now hold confused, distorted, and laughable ignorant views of the homœopathic ideals and practice.

Dr. Beates' introduction sounds like a quotation from Hahnemann's Organon: "In considering this

subject, I beg each and every one of you to give serious and unbiased consideration to the following facts. The highest duty of the physician is to treat afflicted fellow-beings with the best known means to effect relief and cure, in the best or most skillful manner, and for the best ultimate good. To emphasize this self-evident truth, it may be well to call attention to the fact that the laws determining the development of disease, as well as the laws of those sciences which underlie the prevention, relief, and cure of disease, deformities, and injuries, are a creation of the Omnipotent Being." Had the orator stopped here, all would have applauded, but he continued: "And, therefore, that men of scholarly attainments and broad intellectual development and culture cannot permit of action being either influenced or limited by any theory or dogma. It is obvious, therefore, that in the domain of those possessed of a liberal medical education, there can be no such thing as "pathy."

Such logic! I am reminded of the would-be naturalist, who said: "This animal walks on four legs, has a head and a tail, its body is covered with hair, and, therefore, my friends, it is a cow."

Some of Dr. Beates' statements not only are untrue, but. also, they offer gratuitous insult to the honesty and intelligence of a large number of the taxpayers of the Keystone State. "Of the 1,200 practitioners in the Commonwealth who have received their degree from homœopathic colleges, it has been possible to discover but six who are practicing strictly in accordance with the truths of Samuel Hahnemann!" How about this, my friends, Drs. J. H. and J. B. McClelland, and Muller, of Pittsburg; Dinsmore, of Sharpsburg; Carmichael, of Germantown; Anna Clark, of Scranton—you are six, but are you the only Homœopathists in your Commonwealth? What about the scores of men on the faculty of old Hahnemann? Beates, you must be a joker, else you, too, may become a candidate for Norristown!

Speaking of the faculties of homœopathic medical colleges, our critic says: "Do you know that they teach the science of anatomy, physiology, bacteriology, chemistry and pathology in the same manner as do colleges of medicine? Do you recognize. also, that in the higher subjects these men have the same training as do our students?" It is too bad, Dr. Beates, to incarcerate men of equal scholastic attainments with yourself, just because they graduate as homœopathic physicians!

Really, now, what is the crime for which this unworthy State official, this narrow-minded bigot would restrain the homœopathic profession? "A very large percentage of the followers of sectarianism, notwithstanding they profess to observe principles indissolubly associated with the name, repudiate these loudly professed principles." This is the assertion which Dr. Beates defies anybody to successfully contradict." We'll see about this, Mr. President!

The Eliminator of Dogma says that "The sectarian school in question and our profession are so nearly alike (their 'pure materia medica' and its theories contributing the only differences) that it requires but a little action to cause coalescence and form a united profession!" It is admitted, then, that we teach and are taught all that the other school teaches or has learned. In addition, our students are taught the homœopathic materia medica. In education, therefore, according to Dr. Beates, we have a little the advantage of his profession. It is this "only difference" we need discuss.

Dr. Beates, I am surprised to learn, has discovered that "the laws of those sciences which underlie the prevention, relief, and *cure* (italics mine, R. S. C.) of diseases, deformities, and injuries are a creation of the Omnipotent Being." True science is attempting to determine and codify these laws of the Omnipotent Being, commonly called Nature. In chemistry Mendeleef formulated the periodic law. In physics, Ohm formulated the law of electrical currents. In astronomy Kepler formulated the laws of planetary motion. These men observed the uniform occurrence of natural phenomena in the same way or order under the same conditions, they recorded their experiments, formulated their conclusions, and are properly heralded as great scientists.

By exactly the same methods of approach, Hahnemann reached the goal of law in therapeutics. Measured by the same scientific standards, the theory of similars must be accepted as a law of nature. It is a working hypothesis which explains every procedure in therapeutics.

Let us consider disease, such diseases, for instance, as is due to the action of toxins. This condition may be dealt with in one of two ways: First, the toxin may be neutralized in the blood stream, as is the case in using diphtheria antitoxin; second, the cells of the body may be properly fed, stimulated, or protected, rendering them immune to attack, or capable of successful battle if seized upon. The first method cannot be considered therapeutic—it is merely antidotal, and, of course, is the property of all schools of medicine. The second method of procedure is therapeutic and it involves the entire issue between the schools.

Having a patient so affected, if there be a law in therapeutic procedure, it now demands application. If there be such a law, of course, it is universal—every true scientist will apply it. If there be no law every practitioner is authority unto himself. What is the situation in the school of practice represented by Dr. Beates?

Osler, the head and shoulders of Dr. Beates' school of practice, absolutely abandons drugs and looks upon them as useless and many times harmful, saying: "Be skeptical of the pharmacopœia; he is the best doctor who knows the worthlessness of most medicines." Trudeau disregards internal medication and considers the out-of-door life and forced feeding as the essentials in practice. Kellogg considers disease only in its relation to metabolism, and, standing in the high place of liberal medicine, broad and unsectarian, proclaims to all the world that the vegetable diet is the one and only means of cure for suffering humanity! Surgeon General M. O. Terry wrote me recently, saying that every patient admitted to the Battle Creek Sanitarium has a most careful physical examination, blood count, chemical analyses of the excretions and secretions, but, strange to say, all paths lead, not to a

carefully selected remedy, but to the one goal, the "shadow" diet.

Studying the announcement of the specialists, the wondering sufferer discovers that Dr. A. uses electricity exclusively; the "life currents" are distributed, and to follow nature's way of cure, electricity is the proper treatment for all diseases. Dr. B. depends upon phototherapy; the X-ray, the Finsen light, the leucodescent light—in one of these is healing for the nations. But along comes Major Woodruff who says nay to all this; sunlight, he declares is fatal to the nervous system, and to live long and be happy, one must keep in the valley of the shadows; the mortality rate is highest where the light is brightest and longevity is promoted by dwelling in the rainy and gloomy regions of the earth!

The next specialist considered is a rhythmo-specialist who has a jiggling machine for every vital part. In common with the hydro-therapeutist he seeks to increase phagocytosis, and, by active or passive hyperæmia to accomplish the healing. Then there are the serum-therapy and the organo-therapy specialists. Neither must we overlook the prophylactic doctor whose one aim is to discover the germ and dispatch it ere it begins its deadly work. Reaching now the last letter of the alphabet, we find here the zymo-therapy specialist who, not only disregards medicines, but to the horror of that other non-sectarian, Dr. Kellogg, feeds his patients upon meat, thereby, he says, increasing the antitoxins in the blood and neutralizing the products of germ life. Dr. Beates does not state to which dogma he adheres, but in all candor, is it fair of a profession so broken into parties and factions, each party and each faction so exclusive in its ideas of therapeutics —is it fair, I say, for an adherent of that school to accuse the Homœopathist of sectarianism? Like Saul, of Tarsus, he breathes out threatenings and slaughter against the disciples of a mistaken idea, yet, undoubtedly, he is as narrow, as sectarian indeed, as he believes the Homœopathist to be.

The "only difference," then, between the schools is that the Homœopathist, in common apparently with Dr. Beates, believes there is a law in therapeutics, and with a knowledge of materia medica he proceeds in scientific manner to apply his knowledge to the relief of his patient. For a given condition, no matter where the homœopathic physician was educated, or where he may practice, be it in Pennsylvania, or California, the Dominion of Canada, or the British Isles, the curative remedy selected will be the same. As in the selection of glasses for a definite error of refraction, scientific oculists from one end of the world to the other will reach the same conclusion as to the need of the patient, so, in homœopathic practice, definite and positive symptoms of disease will call for the same internal remedy with every prescriber.

The perpetuity and promulgation of Homœopathy are related to a greater question than the possible affiliation of our practitioners with "less narrow and more scientific associations." Underlying the whole problem is a great sociological, humanitarian, yes, even a moral question. The homœopathic physician believes the application of *similia similibus curantur* offers suffering humanity a means of escape from pain, shortens the duration of human ailments, and promotes the longevity of the race. Believing this, would we be honest men, Dr. Beates, could we face humanity, could we stifle the accusations of conscience itself, if we failed in season, out of season, to impress upon the public the superiority of the homœopathic practice? It is not because we fear the perpetuity of a natural law. We know a natural law will persist and continue to operate even though we neglect to talk about it, or seek to promulgate it. It is not because we fear our position as prophets of the cause may be assailed. It is on nigher grounds than this that we take our stand. Love of humanity is more important to us than "less narrow and more scientific associations." The amenities of life, of course, are more attractive than the sacrifices. It is comfortable and delightful to be in the swim. But greater than these is the satisfaction of doing what we feel to be our duty to God's children.

You are an ignorant man, Dr. Beates, if you speak of Homœopathy as "a method of treatment which is based upon mere theory and dogma, known to be at variance with the fact." The testimony of such men as von Behring, the winner of a Nobel prize; Cabot, the dean of Harvard Medical School; Sir A. E. Wright, the most talked of man in medicine to-day; Robin, of Paris, and many other broad-minded men of your own school, gives the lie to your cavilling remarks. You know little of Homœopathy, which your ignorant mind pictures as a system of medicine and surgery, instead of the *therapeutic specialty,* which it is. You think, or profess to believe, that because one of our practitioners extracts a cataract by surgical methods, or disables the Koch-Weeks bacillus by the installation of zinc chloride solution, or uses the obstetric forceps, or makes a skillful tracheotomy, or antidotes the diphtheria toxin, or neutralizes the ingested carbolic acid, or does some other sensible thing by a method known to *you*—you set him down as "unfaithful to avowed professional principles." You poor, innocent, ignorant ass! Read the Organon of Samuel Hahnemann, or forever after hold your peace! The thinking, reading, progressive, truly cultured men and women of your own school repudiate such teaching as yours.

University of Michigan, Dec., 1907.

Ophthalmology.

EAR COMPLICATIONS WITH THE ACUTE EXANTHEMATOUS DISEASES.

EDGAR J. GEORGE, M. D., CHICAGO.

Ear complications with the acute exanthematous diseases occur with those that have throat or naso-pharyngeal involvement. Of the list measles and scarlet fever are the most common, and they may occur with a few of the other diseases, however, the pathology and treatment is practically the same. The ear involvement is in the form of an acute or a catarrhal inflammation of the middle ear by an extension of the inflammatory process from the naso-

pharynx by the way of the Eustachian tube, all being lined with a continuous mucous membrane from the respiratory tract.

Lachrymation, coryza and sore throat are the first symptoms of measles, while with scarlet fever the sore throat is also an early symptom. With measles the inflammation of the mucous membrane of the throat is not so intense as that of scarlet fever, consequently ear complications are less frequent, while with scarlet fever the throat involvement is more pronounced, especially if the disease assumes a malignant form, and then various forms of infectious bacteria are often present.

Anatomically the Eustachian tubes connect the middle ear with the naso-pharynx. They are very small in calibre, one-half of an inch in diameter, and, therefore, are readily closed by congestion. Their functions are to areate and drain the tympanic cavity. As the Eustachian tubes and tympanic cavities have the same mucous membrane as that of the throat and nose, an inflammation of the throat or naso-pharynx is readily extended to the middle ear. The inflammatory process may be only a simple hyperæmia or a severe congestion. With severe congestion the mucous membrane of the Eustachian tubes are swollen, the tubes become closed, and at the same time there is an excitement of the mucous glands throughout the whole surface of the mucous membrane, consequently an accumulation of mucus in the throat, naso-pharynx and tympanic cavity occurs. The Eustachian tubes being closed by congestion, middle ear drainage ceases, and as a result there is a retention and secretion within the tympanic cavity. This retention produces an intratympanic pressure and pushes the drum membrane outward, causing intense pain or earache, and if left to itself in time the drum membrane ruptures followed by a discharge from the ear.

The character of the discharge at first is that of serum, but soon changes to a muco-purulent. It may remain in this stage for several days or weeks, gradually decreasing until it ceases altogether. But should the inflammation be the result of an extension of infection from the throat, or the discharge be allowed to accumulate in the auditory canal and degenerate, infection can take place from without. In either case the condition becomes one of purulent otorrhœa. Purulent otorrhœa is destructive both to the soft and bony tissues of the tympanic cavity and sometimes adjacent parts. The drum membrane, ossicles and bony walls may be destroyed, or mastoid cells and process involved.

As to treatment, in the early stage where there is severe pain and the drum membrane is seen to be bulging an incision should be made in its posterior inferior quadrant. The incision relieves tension and pain and establishes immediate drainage. With infants the drum membrane usually ruptures spontaneously within a few hours, but as age advances the membrane becomes more fibrous and resistant, and in such cases an incision is indicated. As soon as the discharge is established its care is of the greatest importance. Cleanliness comes first. Irrigation of the canal with sterile water, Boracic acid or saline solutions may be sufficient for the treatment of an ordinary case, but when there is an infection or pus condition, antiseptic solutions should be used, but only those of non-excoriating character. Right here let me condemn the use of Peroxide of hydrogen or similar preparations. Peroxide when injected into the auditory canal of an acute case attacks serum or pus in the form of an effervescence. In the middle ear the effervescence increases the intratympanic pressure and often drives infectious material to uninfected parts.

In the treatment my favorite irrigating solution is Alphozone, as it possesses all the properties desired. It is non-toxic, non-irritating and a powerful antiseptic and germicide. When the ear condition becomes chronic, or even in old cases of otorrnœa, I use Alphozone and follow the irrigation with an instillation of equal parts of Alcohol and Bichloride of mercury, one to four thousand. This solution can be forced into the tympanic cavity by pressure of the finger tip in the meatus after having filled the canal.

Other complications that might arise with middle ear involvement of exanthema are mastoiditis and post-aural abscess; mastoiditis by an inflammatory process or infection to the mastoid cells, post-aural abscess by the burrowing of pus from the tympanic cavity between the integument and bone of the superior wall forming an abscess behind the auricle. Both mastoiditis and post-aural abscesses are dangerous to life. They can cause septic brain lesions.

During the epidemic of scarlet fever of this year I have seen a case of each of the described complications. With the mastoid case there was complete necrosis of the mastoid cells, the like of which I have never met with before. The child recovered after operation, though bady disfigured as far as the mastoid region was concerned.

Not many years ago otorrhœa was not regarded by the profession and laity with the seriousness that it is to-day. A chronic discharging ear is always dangerous to life on account of the close proximity of the tympanic cavity to the middle lobes of the brain, meninges and lateral sinus. Life insurance companies will not accept an applicant with otorrhœa, and I believe I am safe in saying that the majority of chronic cases of discharging ears existing to-day are due to scarlet fever; therefore, the care and treatment of ear complications as sequelæ of the acute exantnematous diseases is of the most importance, and the majority of cases of chronic otorrhœa can be prevented.

Along with the local treatment the indicated remedy must not be forgotten, as it will be found most helpful in effecting a cure.

Dr. Maclay Lyon, of Kansas City, announces that he is prepared to give especial attention to gastro-intestinal diseases, and that he has a private laboratory fully equipped for the quantitative of stomach contents, fæces and urine.

The eleventh annual dinner of the Metropolitan Hospital Alumni Association was held on December 4th. Like its predecessors it was a great success.

Dr. J. N. Ricardo has removed from Gaffney, S. C., to Bloomsburg, N. J.

Dr. A. H. Arp, of Moline, Ill., was thrown from his buggy, fracturing his right thigh, on November 25th.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

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J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Editorial.

THE NEW YEAR.

In our foreword for the year 1908, we want to lay the greatest stress on the need for optimism. Pessimism must be relegated to the background. The man who is narrow, who sees things only at their smallest and in the dim distance, who looks at life through the wrong end of the opera glasses, thus sending his object farther away instead of bringing it nearer, who sees only the defects instead of the perfection, that man must reform. Surely he has reason. The world is growing better —no doubt of it. All the indications point that way. Here in our own wonderful country the people were never so happy, healthy and prosperous as to-day. Never before have we had so much to be thankful for. Never before was the future so bright. Never before was the average of intelligence so high. So says a keen observant man who, in seven weeks, has travelled through twenty-four States and visited forty cities representing three-fourths of the population and wealth of the United States. He travelled nine thousand miles.

His optimistic view of the trend of life is certainly to be taken seriously. This, too, in spite of the "financial stringency" which has fortunately spent its force and leaves the people a little bit ashamed of themselves. The whole trouble has been conceded to have been simply a lack of confidence—a lack of that optimism for which we plead. This it was which led them to draw their money from the bank, where it could get into circulation, and to store it in the clock, or stocking, or the mattress, thus locking up just so much of that which makes business possible. Of course, the banks had to take care of themselves and hold their cash for possible calls, and all the train of evils followed.

But the tension is over for the most part and business is again resuming its normal lines. The glad Christmas time has had much to do with this restoration of financial sanity. The inborn desire to create happiness has had its effect in calling out these private hoards and again putting the dollars into circulation. And we are the happier for it.

Also, we are determined that all about us shall be happy. The business man has learned the motto, "Do it now," he has found the benefits to be derived from regarding that behest and the little sign has now given place to the timely one "Smile." "Smile" clubs are being organized all over the country. The mistress says to the maid, "smile;" the foreman orders his men to smile; the business man displaces his gloomy, cheerless stenographer for the bright, happy, perhaps pretty girl, whose smile may be reflected in even the cold business letter. And such is the tendency of the day.

We in our particular corner of the lot have much to make us smile the smile of happiness. From all over the country came reports of bequests to homœopathic institutions, reports of the building of new hospitals, reports of the advancement to a more prominent position of our old school of medicine. In more than one instance has the great principle of Homœopathy been recognized for the first time in great scientific bodies. Notably was this so in June last, in Paris, where the world famous clinician and master, Huchard, unhesitatingly gave his allegiance to the law of the similars and all that it implies. And there was no word of protestation; on the contrary, uninterrupted applause greeted the proud declaration. Verily, the times have changed. We stand far from the old ostracism.

Our colleges are reporting an increase in their enrollment of students over that of last year. The curriculum of the college has been strengthened to meet the advance in the scientific world. To-day we are teaching in homœopathic colleges the same up-to-date science that is being taught in the colleges of the old school.

Our great representative body, the Institute, has made a distinct advance in the establishment of its council of medical education, which to-day is working hand-in-hand with the council of the old school, and that is progress. That shows the determination to be at the front, to hold our place as leader.

To-morrow, and June is only a to-morrow, we go to Oklahoma to have our part in the up-building and up-lifting of the great Southwest. There our duty lies. There we can plant the flag of our cause so firmly that it may never be furled.

H.

In order to become a member of the Chicago Medical Society the applicant must sign an agreement not "to practice or support sectarian medicine."

MARRIAGE AND DIVORCE.

An interesting address on this subject by a United States circuit judge brought out a number of points about which the average man does not often think. Marriage is the corner-stone of society. Religion may be said to be another integral, the church is important, but society is not built on these. The contract taken in marriage is the most serious one could take, and yet it is the most easily broken, and it is broken every day. When we contract a debt we must pay it. When we make a contract of almost any nature we must fulfill it. But the marriage contract may be, and is ignored to an extent that is alarming.

There is no legal definition of the term. There is no one law which governs marriage. We now have forty-six sovereign States, each having a constitution of its own, each its own way of handling marriage contract, each its own interpretation of the marriage state, and these interpretations are oftimes entirely at variance one with the other. A man may have twenty legal wives; that is, legal for the State in which he marries a woman and not legal elsewhere. So that when the New Jersey man takes his wife into Pennsylvania to live, he is living with her illegally under the laws of the latter State. To put it another way by citing an actual occurrence. A New Jersey man tired of his New Jersey wife went to Pennsylvania, procured a Pennsylvania divorce and married a wife there. When he visited New Jersey with his Pennsylvania wife he was arrested for adultery. And he was guilty in New Jersey, for he should have procured a New Jersey divorce. He could have lived with his Pennsylvania wife in Philadelphia and his New Jersey wife in Camden, and still have been within the law of these two States.

A New York husband was divorced in Pennsylvania and married there. He went to California, was there divorced from his Pennsylvania wife and again married. Before he could do it any more he died. He left three widows—each a legal widow according to the laws of the State in which she lived. Each took out letters of administraton and claimed the property in her own State, and was adjudged to be legally entitled to it. Yet the children of the Pennsylvania and California wives were illegitimate in New York, and the children of the California wife were illegitimate also in Pennsylvania.

So it appears as though the law has some queer angles in it. You travel with your wife over the United States, and seventy-five per cent. of the time you are liable to be living with a woman who under the laws of the land where your feet are resting is not your wife, nothing more than a mistress.

The remedy for this condition of affairs lies only in recognition by the central government of some definition of marriage and an amendment to the Constitution authorizing Congress to legislate on the marriage relation. Then we could have a federal law which would be the same for all States, and that law could be administered as are other federal laws. H.

REAL VERSUS FICTITIOUS MEDICAL EDUCATION.

The opening address of Dr. Willis G. Tucker before the Albany Medical College printed in the Albany Medical Annals and reproduced in Science, issue of November 8th, is one of the most sensible papers on medical education that we have read for some time. Its whole trend is common sense and real education on the one hand as against a fictitious and inflated mass of educational requirements and equipment on the other. It argues strongly for the small medical school and its democracy as opposed to the large school and its trust-like methods of aristocracy. The speaker questioned the sanity of the critic who said at a conference of state medical examining boards recently held in Chicago, that of the one hundred and fifty medical schools in this country only six were what they ought to be, and pertinently asks if we are to assume that the school with which the critic is associated is one if the six that are "what they ought to be," and if his opinion is the one to be taken on the subject. We would like to reproduce the entire article, so replete is it with good horse sense, but we will content ourselves with the following quotations, since it evidences some of the just opposition that is arising in reference to the absolutism of the American Medical Association:

"'Whatever others may think I shall not hesitate to raise my voice in opposition to such utterances as the following.' Says the Journal of the American Medical Association in its issue of September 14th in the leading editorial.

"'Stronger safeguards should be placed about admission to medical practice in many States. The examining boards should be given supervision of all medical colleges within their respective States, with authority to pass on the entrance requirements of prospective medical students and to issue or have issued to medical students entrance certificates. They should have the right to inspect the medical college and to close such as are not properly equipped or are not doing satisfactory work. . . . Without this right the boards are not in position to protect the public from incompetent physicians.'

"And this is the utterance of a journal which is supposed to represent the profession of the United States, but which, under its present management is, in the opinion of some, representative of commercialism in medicine in a pre-eminent degree. It floods the mails with circulars urging graduates of the schools against whom it brings this general charge of incompetency to ally themselves with the association and to subscribe to the Journal, and it solicits the advertisements of the colleges with unwearying persistence. In the issue in which this editorial appears I find the advertisements of no less than ten medical schools which, according to its own statistical tables published in its issue of May 25th, ranked in the lowest class as judged by the percentage of failures before State examining boards during the year 1906. Now I do not hesitate

to say that in my opinion there is not an examining board in any State in the Union which could safely be invested with such authority as the Journal recommends. . . . In many of our States men of only average ability are drawing salaries and exercising a little brief authority under the laws in places often secured through political influence. What shall be thought of a proposal to place the medical schools of this country under their absolute control? . . . Physicians should be banded together that they may promote the interests of the profession in proper ways, but any action that looks like closing the doors, or putting up the bars for the purpose of lessening the number of medical men, and restricting competition, ought not to be tolerated." Dr. Tucker goes on and scores the idealists as follows: "They pursue their investigations with a foot-rule and hour-glass, place implicit faith in statistics, and would reduce all to a system. They would determine the competency of a student to enter upon the study of medicine by the special courses he has taken, and the hours devoted to each, and whether his work is to be counted or not is to be decided by a measurement of floor space of the recitation rooms and laboratories in which he has been instructed, and the cash value of the apparatus employed. They would measure his subsequent progress by mathematical computations in which the factors are forty or fifty divisions of the medical curriculum, each subdivided into lectures, recitations, clinics, demonstrations and laboratory work, and the value of each determined by a laborious conversion of these into hours, which must be so apportioned as to preserve a certain ratio, and the sum total of which must not fall below a prescribed minimum. And whether this instruction which he has received has been good or bad is to be determined by a consideration of the population of the place in which the medical school is situated, the value of the buildings and apparatus, the ratio of students to floor areas, the number of cases treated in affiliated hospitals and dispensaries and other such data."

The doctor also shows that under State control in many States, and he probably was thinking of New York when he said it, "The laws are so framed so as to apply to physicians of established schools of practice while irregulars of many kinds and 'healers' are exempted from their provisions, but however effectual they may be restrictive measures, laws are much less effective in elevating the people in any direction than many enthusiasts would have us believe. . . . I think that our medical schools themselves may be trusted in a greater measure to bring about needed reforms and advance medical interests than some noisy reformers who clamor for more and more stringent laws seem to suppose. It seems to me to be time that the medical profession asserted its dignity once more and resented the imputation that so large a number of its members are incompetent or unworthy that the public needs further protection by special legislation."

These sentiments have been frequently expressed in the past in the editorial columns of the Medical Century, and have been its contention ever since it was started.

WHAT WE ARE DOING.

When we permit the American Medical Association to continue as it has done for a number of years to circulate falsehoods about the homœopathic school of medicine in their societies and in their periodicals and let these falsehoods, not to call them by a more fitting term, pass for truth, it is time for our school to lie down and be swallowed up.

This is precisely what we are doing at the present time. We are letting the present generation of the laity receive its instructions on Homœopathy from the members and literature of the allopathic school.

The November 30th issue of the Journal of the American Medical Association has this in an editorial: "The element in the laity to whom Homœopathy is a sort of religion is decreasing and will ultimately disappear and with it the reason for the existence of the homœopthic school."

There you are! And what are we going to do about it? Accept it or start an aggressive campaign of instruction among the laity that will be far reaching and nail such statements as the above to the cross of mendacity.

The Medical Century has made many endeavors to start a propagandistic movement, but it has met with much discouragement, and we recognize that any half hearted movement would injure rather than help. We have sent to a few whom we thought would be interested a tract of three pages, we have asked criticism of it, we have asked for its betterment and for suggestions. One says it is too long, another that it is not long enough, another says that the statistics therein contained have been disputed, but does not say by whom or how to better them. Another loses the copy, two or three have shown a willingness to encourage the movement with their counsels and purse. One thinks it should not come from a journal, another that it should come from a league, yet will not be one of the league. All this half heartedness is truly discouraging.

We will make this appeal to our readers: Send to the Medical Century your ideas on the subject, write us some tracts; such as you think would be good to distribute to the laity, to instruct them from our own side of the fence. Give us all the suggestions that you have on the subject. Sting these statements made by the emissaries of the allopathic school so they will stay stung.

1. That there is no difference nowadays between an allopathic and a homœopathic physician.

2. That allopathic physicians know all about Homœopathy.

3. That to be called a physician is higher than to be called a homœopathic physician.

4. That the homœopathic school trades on its name.

5. That the laity are not accepting Homœopathy any longer.

6. That we are decreasing in numbers and influence.

7. That our institutions are not proprly teaching medicine.

8. That none of the homœopathic physicians practice Homœopathy.

This is the teaching they are getting from the allopathic school right along, this is the teaching and the arguments they are using before legislatures to influence legislation to attain their ends, these are the arguments they used in New York last winter to pass the single board law and wipe Homœopathy out of existence in that State while they gave osteopathy due recognition. This is the teaching on which they rely to wipe materia medica and therapeutics off the schedules of examining boards, and this they instruct the people is protecting them. A half dozen good tracts refuting this instruction, distributed properly, by the physicans themselves would start a campaign of instruction that would be far reaching, and one the cost of which would be comparatively trifling, and the cost would be an investment that would pay a high rate of interest.

It is a movement, as we have said before, that would bring students to our colleges, patients to our hospitals and dispensaries, members to our societies, subscribers to our periodicals and clients to our waiting rooms. Let us take hold of it if only for an experiment during 1908. There are 12,000 homœopathic physicians in the United States, probably more. The Medical Century will be one of 10,000 to give 10 cents apiece; one of 5,000 to give 25 cents; one of 1,000 to give $1; one of 100 to give $10, and one of 20 to give $50 for this work. Furthermore, we will give our time and work to the proper distribution of the literature. We want first the literature, and the better it is the better the results will be. Let us hear from you.

EDITORIAL BREVITIES.

Squirming.

It is probably human nature to rejoice when one gets caught in a trap one has set for another. The allopathic press in Texas is doing the squirm act. The Texas Medical Journal now comes back at the A. M. A., for buncoing the profession of Texas in handing them the lemon of a one board bill. Listen to this: "The unification idea emanated from the great medico-political machine at Chicago—the Octopus (Journal A. M. A.)—and the skeleton of a one board bill was presented to each State Medical Association. That the House of Delegates is dominated by the great machine goes without saying—and our Committee on Legislation sacrificed every principle of professional ethics and pride at the dedication, really, of an apostate homœopath, the power behind the Octopus, Simmons."

This from an editorial, We fancy another low grade education State, namely, New York, will some day regret the Similar Citrus fruit handed it by the A. M. A. in the 'Skeleton of a one board bill' that was and is being pushed so energetically and industriously by them.

A Council on Pharmacy and Chemistry.

They have a council on pharmacy and chemistry of the American Medical Association. This is what it has done so far:

It has "passed" 250 odd preparations, of which less than 60 are American, the balance being mostly foreign coal tar synthetics, of which few have ever been heard.

Of the 59 American products "passed," 23 are from one house.

Not a single product of the following houses has been "passed:" H. K. Mulford & Co., John Wyeth & Co., McKesson & Robbins, Wm. R. Warner & Co., Eli Lilly & Co., W. S. Merrill Chemical Co., Lloyd Brothers, Abbott Alkaloidal Co.

Not one of the fifteen members of the council are practicing physicians

Query. Are the firms that do not wear the label of the American Medical Association to be designated as "scabs."

Editor's Table.

GENERAL NOTES.

Dr. John R. Fleming is wintering in Philadelphia. Dr. Hughes attends to the business at the old stand in Atlantic City. Dr. Fleming's health has not been of the best for some time, and he was advised to leave Atlantic City for a while.

Dr. George S. Coon, dean of the Southwestern Homœopathic College in Louisville, has opened new offices in the Gaulbert building. Dr. Coon has a fine surgical practice, and his connection with the Louisville City Hospital gives him a slice of the general emergency practice of that institution for demonstration before the classes of the college.

One of the well informed and earnest workers in the scientific branches of medicine, including drug pathogenesy, is Dr. F. Askenstedt, of Louisville. It was our pleasure to visit his laboratory recently and to see him at work. A member of the examining board of the State of Kentucky informed us that pathology and bacteriology were better taught in the Southwestern Homœopatnic than in any medical school in Louisville.

Dr. H. R. Stout, President of the Homœopathic State Board of Medical Examiners of Florida, responded to the toast Similia Similibus at a banquet given by the Secretary of the Allopathic Board recently. We know of no one better able to uphold the dignity of Similars than this same Dr. Stout.

Physicians sending their patients South this

winter must not forget to refer them to Dr. A. Leight Monroe, if their travels should be in the direction of Miami, Florida. Dr. Monroe will be glad to befriend such patients in any way, and answer any inquiries as to the climate and desirability of Miami, its suitability for special cases, etc. The recommending of our physicians by one another in different parts of the country cannot be too strongly urged.

As interesting a bit of reading as we have ever came across is the testimony of Dr. George Burford before the Royal Commission of Vivisection published in their third report. Dr. Burford's testimony comprises the answers to over 200 questions asked him by members of the commission, and these answers comprehensively include about all there is to say on the testing of drugs on the healthy human body. We fancy the commission was compelled to sit up and take notice of the various points as they were so ably presented by the doctor. He showed conclusively that experiments on animals were not necessary to be made in order to determine the action of drugs, an aspect that is attracting a great deal of attention in England at the present time. We would have been glad to have seen the important question of the difference in physiology between man and animals brought out. Doubtless Dr. Burford would have liked the chance to explain to the commission why rabbits can eat and thrive on Belladonna leaves while to man they are poisonous, and thus give one more reason of the absurdity of animal experimentation to determine drug action on man.

Dr. George T. Shrady, founder and former editor of the New York Medical Record, died in New York on November 30th. No man was more prominent in medical circles and none more respected than Dr. Shrady.

Dr. Rhoda P. Farquharson, of the Class of 1907, Homœopathic Department of the University of Michigan, is located at 1526 Woodward avenue, Detroit, Michigan.

Dr. Frank Kraft is hard at it over the transactions, having run up against the usual snags. He hopes to have the volume out very soon, and it will be a good one. We are glad to learn that the doctor is improving rapidly, and hopes to be in good shape by the time of the Oklahoma meeting.

Dr. J. F. Battin is now nicely located for the practice of medicine in Marshalltown, Iowa. Dr. Battin has for some years past practiced at Onawa and Sioux City, Iowa. The doctor is a successful practitioner and good prescriber, and we bespeak for him all manner of success in his new field.

Dr. A. L. Smethers is located at Anderson, South Carolina. The doctor is one of a few in that State, and we believe he will do great service for the cause of Homœopathy in the Southland. The South has plenty of room for good men, as we know Dr. Smethers to be.

A correspondent to one of the leading medical periodicals of the allopathic school has found that a member of the A. M. A. prescribed "Castoria," and another "Radam's Microbe Killer," and pertinently asks, "Why are they not taught therapeutics?" In New York State there is no need of therapeutics. Castoria goes there all right.

Dr. G. H. Burford, of London, will please accept our best wishes for a happy New Year. The doctor writes that he reads the Century with pleasure as a "live" journal. We would add that its liveliness would be greatly enhanced by an article from his pen, and we know he can write good articles with one hand.

OBITUARY.

Dr. Thomas Wildes.

New York City, November 29th, æt. 68. New York Homœopathic College, 1876. Dr. Wildes was a well known practitioner of New York City The editor of the Medical Century had his first office with Dr. Wildes, who was an excellent prescriber and student of materia medica.

Dr. W. C. Whitney.

Westerville, O., November 22d, æt. 33. Chicago Homœopathic Medical College, 1898.

Dr. F. M. Pampinella.

Philadelphia, November 22d, æt. 44. New York Homœopathic Medical College, 1883.

Dr. E. H. Eisenbrey.

Gloversville, N. Y., November 22d, æt. 67. Hahnemann Medical College, Philadelphia, 1870.

Dr. A. L. Bilisoly.

Portsmouth, Va., November 20th, æt. 71. Hahnemann Medical College, Philadelphia, 1857.

Dr. E. A. Wehrman.

Indianapolis, Ind., November 25th, æt. 59. Hahnemann Medical College, Philadelphia, 1872.

Dr. George A. Licht.

Burnside, Miss., Nov. 9, aet. 48 Pulte Medical College, 1888.

Dr. Evelyn H. C. Stone.

Laporte, Ind., Nov. 11, aet. 62 Homœopathic Department, University of Michigan, 1882.

Dr. C. P. Huston.

Challis, Idaho, Oct. 10, æt 35 Hahnemann of Pacific, 1897.

Dr. D. D. Stevens.

Of New York City, died suddenly on November 19th. The doctor had not been well for some years past. A slight stroke of paralysis succeeded an attack of typhoid fever, and left his heart in bad condition. He leaves many friends who will miss him. For a number of years the editor of the Century occupied offices with him and regarded him in the light of a true friend and courteous gentleman.

Dr. George H. Carder.

Chicago, Ill., Nov. 4, æt. 57. Chicago Homœopathic Medical College, 1882.

Dr. George S. Barrows.

Marion, Kan., Nov. 1, æt. 92. Hahnamann Medical College of Chicago.

Dr. Richard Schultz.

Cottonwood, California, Aug 16th. Hahnemann Medical College, Philadelphia, 1870.

COUNCILS ON MEDICAL EDUCATION.

Chicago, Ill., December 19, 1907.

The Councils of Education of the American Institute of Homœopathy, Physio-Medical Association of Physicians and Surgeons, National Eclectic Medical Association, the American Association of Medical Colleges and Eclectic Confederation of Medical Colleges met at the Auditorium Hotel for the purpose of formulating a basis or schedule of inspection of medical colleges which would harmonize the views of all concerned, to be presented to the committee of the American Confederation of Medical Examiners and Licensers, for their consideration. An organization was perfected by electing Dr. Royal, of Iowa, chairman, and Dr. Mundy, of Ohio, secretary.

Those present were: Drs. Johnson, Ward, Zapfe, Royal, Dewey, Haggard, Scudder, Shewman, Braswell, Nyland and Mundy.

Dr. Royal briefly stated the object of the meeting, and read the resolution adopted at the October and at the morning meeting, at which meetings were present representatives of only three councils, namely, American Institute of Homœopathy, American Medical Association, and the National Eclectic Medical Association. The resolution as adopted was as follows:

Resolved, That we, the representatives of the Councils on Medical Education, respectfully request your committee to recommend that the various State medical examining boards inspect the colleges of their respective States in order to furnish the profession a list of approved colleges in good standing, and that we further request the various State medical examining boards to invite during said inspection of the medical colleges the presence and co-operation of representatives from the Councils on Medical Education of the four legally recognized schools of medicine, namely, the Allopathic, or so-called "Regular" school, Homœopathic, Eclectic and the Physio-Medical schools.

Dr. Dewey moved the adoption of the resolution, which motion was seconded by Dr. Scudder, and after being freely discussed by Drs. Johnson, Ward, Dewey, Haggard, Zapfe and Mundy, was declared carried.

The schedule for inspection as attached was read section by section, and a general discussion upon its merits and demerits indulged in by all present.

After this full and free discussion it was moved by Dr. Johnson, seconded by Dr. Dewey, that the inspection schedule be adopted and presented to the College Committee of the American Confederation of Reciprocal Medical Examining and Licensing Boards as expressing the views of all the bodies represented. This motion prevailed unanimously.

Dr. Royal asked each one present to briefly express his views upon the needs of teaching and developing materia medica and therapeutics. The replies were all favorable, each one expressing his firm belief therein, and that these subjects should form a part of all State examinations for license. The meeting adjourned to meet with the Confederation.

W. N. Mundy,
Secretary.

SOME CLINICAL VERIFICATIONS.

BY O. F. MILLER, M. D., VINE GROVE, KY.

Case 1.—Mrs. L., æt. 30, multipara. No complications in preceding pregnancies; consulted me for a swelling of ankles, which impedes locomotion. Examination shows second month enciente, albuminuria, urine scanty, with some tenesmus on voiding, no morning sickness or other complication. ℞. Mercurius corrosivus 3x t. i. d., followed with entire relief. Case was under observation until delivery, with no further complications.

Case 2.—Mrs. W., who comes for relief from a morning emesis grav. in first month of pregnancy, complains bitterly of being compelled to expectorate so often; skin icteroid hue. ℞. Jaborandi 3x t. i. d., resulted in immediate and permanent relief.

Case 3 is that of Mrs. M., 4-paræ, who has a sickness every evening, compelling vomiting, throbbing headache with chilliness. Pulsatilla did no good here, but Belladonna gave apparent relief, although the cure being in the third month we cannot say just what influence the drug had.

Case 4.—Mrs. F., second month, complains of a sore, bruised sensation about the abdomen, aborted during a previous pregnancy at the third month, and is anxious lest the same result is again at hand. Investigation shows excessive sexual intercourse, was cautioned in regard to this, and given Arnica 2x dil. t. i. d., with a happy result. About two months later she returned with the same condition present, and desiring to test the Bellis perennis, it was given in mother tincture with entire relief. Case came to term in due time with a normal delivery.

Case 5.—T. H., æt. 25, telegrapher. When thirteen months old was paralyzed in left leg by diminutive and contracted; right root drawn outward to laxation, has always used crutches.

Was taken December 1, 1907, with severe chill, lasting ten hours, followed by fever and sweat. Chill recurred each day since (five days). Bowels have not moved since onset, and the bladder has only emptied itself five times: quantity about two ounces, dark in color.

Examination shows temperature 102°, pulse 100, skin moist. This A. M. became unable to stand on right leg, it feels dead and lacking in muscular sensation, plantar reflex present, cremasteric reflex absent, sensation normal, no erections, twelve dorsal spine very prominent, and surface slightly reddened, region from twelve dorsal to third lumbar very sensitive, especially to percussion. Patient is restless, wants water, drinks only in sips, not much appetite, a peculiar odor pervades the bedding, is drowsy and complains much of pains about the left shoulder and arm, heart normal. ℞. Arsenicum, and directed hot enemas to relieve the bowel. December 7th, chill lasted only half hour, bowels moved slightly, pains less. December 8th no chill to-day, bowels acting very freely, some power of movement in right leg. Improvement continued from day to day until convalescence was fully established. No other remedy being required.

O. F. Miller.

The Study of Remedies.

It has been asserted by some that cactus has no remedial action whatever upon the heart. This assertion is based upon a series of experiments carried on in a laboratory. The experiments, as we understand it, were made upon frogs and rabbits and guinea pigs, the experimenter using cactin. The experiments and conclusions are based upon false premises.

It should be understood, first of all, that many remedies have a dual action. There is a wide difference between the physiological or poisonous action of a drug and its remedial action. A physiological action is a poisonous action. Again, no therapeutist would insist that a remedy must possess a poisonous action in order to have a remedial action. No one would think of giving Aconite, Strychnine, Morphine, Hyoscyamus or Hyoscine, Digitalis, Ipecac, Podophyllin, Veratrum, Belladonna, and a host of remedies we might mention, with a view of obtaining their physiological when desiring their remedial action.

Again, when experimenting with an alkaloid or the active principle of a plant, we do not always obtain the same action that we would if the entire plant was used. Possibly the most familiar example of this would be the action of Digitalin, and an infusion of Digitalis. We are all familiar with the fact that when the diuretic action of Digitalis is desired it is best obtained by using an infusion. The degree of dilution of a remedy will also influence its action.

Our attention was recently called to this latter fact in an accidental manner. We had prescribed Buchu to be taken in hot water, directing the patient to take it in about a glass of hot water. The complaint was made that the remedy was not having the effect desired. Inquiry elicited the fact that, not desiring to take so large a dose, the amount of water had been reduced about one-half. When taken in the amount of water desired the action wished for was obtained.

Every therapeutist absolutely knows that black haw has a remedial action, yet it can be taken in almost any sized dose, its poisonous action, if it has one, being extremely remote. Yet no one familiar with it will deny but that it has a prompt and very effective remedial action. So it is with cactus. We do not deny the value of the laboratory in investigating drugs, but in this case the experimenter began with a wrong premise, hence his conclusions are wrong. So, in fact, are many of our laboratory drug studies, as well as diagnoses. In the first mentioned, poisonous actions only are studied! in the second many conclusions are reached which are nôt borne out by clinical investigations.

You may say this is empiricism pure and simple. Granted it is, empiricism has taught us many valuable truths in therapeutics, and without a knowledge of therapeutics success as a practitioner is impossible. Many mistakes have been and will be made by relying upon a laboratory diagnosis solely; so, too, will many errors be made in therapeutic drug studies when confined to the laboratory and to poisonous actions.

Cactus has a remedial action, and every clinician who has ever given it a test will bear testimony to that fact. It is not a heart sedative as Digitalis or Aconite, but when we have tachycardia, dependent upon a nervous irritation or erethism—in other words, when it is purely functional—cactus will relieve and relieve promptly.—Mundy, Eclectic Med. Journal.

Bronchitis in Children.

The treatment of this condition is outlined thus by John U. Fauster (Medical Council, April, 132-135). The hygienic part consists in keeping the temperature of the room uniform, between 68° and 72°, during the twenty-four hours; sunlight is considered desirable. The child should be kept in bed, so it can be moved about from time to time; if the room is draughty a screen should be kept around the bed. Unnecessary noise and visitors should be excluded. An extra long flannel nightgown should be worn, so that the patient may wriggle about. The food should be given frequently in small amounts; it should be of the blandest character. Water should be given frequently by the mouth, but Fauster does not approve of sponging, as it contracts the superficial capillaries and still more engorges the already impeded circulation. He advises a mustard plaster to the chest; this is to be kept applied until full dilatation of superficial capillaries is produced; the chest should be covered with a cotton jacket; this procedure must be repeated every twenty-four hours.

Pulsatilla.

Acts on all mucous membranes. It relieves catarrhal conditions of the mucous surfaces. It acts also upon the synovial membranes, and hence is valuable in arthritic inflammation—rheumatism. It also acts upon the generative organs of the female sex. It cures rheumatism that is better in the open air and in motion. It checks thick, yellowish leucorrhœa. It is recommended in a good many other diseases, but it is not well tested as yet.

Sanguinaria is a valuable remedy which should be thoroughly investigated. Prof. Webster says it is a reliable emmenagogue in the treatment of amenorrhœa, but should not be used indiscriminately.

Lewin says that vinegar or acetic acid will completely relieve the vomiting which follows chloroform anæsthesia in 75 per cent. of all cases. A cloth is wet in vinegar and the vapor is inhaled instead of the chloroform.

There is no doubt that small doses of Belladonna frequently repeated is one of the most serviceable of remedies in the treatment of whooping cough. Its physiological effects must not be produced.

In cases where the effects of morphia on the nervous system are unpleasant when given by the stomach give a few grains of the potassium or sodium bromide with each dose.—Ellinwood's Therapeutist.

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Gynaecology

PROLAPSUS OF THE UTERUS—ITS ETIOLOGY, PATHOLOGY, SYMPTOMS, COMPLICATIONS, PREVENTION AND TREATMENT.

BY JAMES C. WOOD, A. M., M. D., CLEVELAND, OHIO,

Professor of Gynæcology Cleveland Homœopathic Medical College; Fellow of the Royal Society of Medicine, London.

Anatomical Consideration.

Anatomically, the floor of the pelvis is divided into two segments—the anterior or pubic and the posterior or sacral. The anterior segment consists of the anterior wall of the vagina, the vesicovaginal septum, the uterus and the uterosacral ligaments. The uterosacral ligaments, extending from the internal os to the second sacral vertebra, co-operate with the structures in front in drawing the uterus upward during labor, hence their inclusion in the anterior segment. This segment has but little power in resisting intra-abdominal pressure, and the structures composing it would be driven downward were it not for the support from below.

The posterior segment affords the chief support to the superimposed pelvic structures, which are constantly being forced downward by intra-abdominal pressure. During labor it is carried before the presenting part, thus permitting the dilatation of the pelvic outlet and the delivery of the child.

The pelvic contents are chiefly supported by the levator ani muscles and the deep pelvic fascia or triangular ligament, which is prolonged into the vesico-rectal fascia. These structures are supplemented by a limited support afforded by the transversus perinei muscles. The pelvic floor thus constituted affords all necessary support under ordinary conditions. When intra-abdominal pressure is increased by lifting or straining the lower end of the rectum and vagina are supported and closed by the action of the levator muscles. The urethra, the vagina and the rectum are mere slits in the pelvic floor, and when empty, their walls lie in apposition. The axis of the uterus is at right angles to the axis of the vagina. When the bladder is empty the fundus of the uterus rests upon it so that the pressure from above with the woman in the erect posture falls upon the posterior surface of the organ, crowding it forward. If the uterus is forced too far backward because of a distended bladder, intra-abdominal pressure falls upon its anterior surface and it is driven downward into the vaginal canal.

The chief function of the round ligaments is to hold the fundus forward by direct traction. The chief function of the uterosacral ligaments is to hold the cervix backward, thereby supplementing the round ligaments by throwing the fundus forward. The chief function of the broad ligaments is to prevent lateral displacement of the uterus and afford between its folds the safe passage of blood vessels, lymphatics and nerves to and from the uterus.

The uterus is supported then by—

Uterine ligaments.

Intra-pelvic areolar tissue and pelvic walls.

Supporting power of the abdominal walls.

Upper part of the vagina and the pelvic floor.

Etiology.

Anything that tends to weaken or destroy any of the natural internal or external supports will predispose to prolapsus uteri. In the non-parturient state, loss of tone of the ligaments because of general ill health, senility, tight lacing, sedentary habits with increased congestion, etc., may act as predisposing factors. Of the various causes, parturition is unquestionably the most important. The imperfect involution of the organ leaves it heavy and congested; the uterine ligaments likewise undergo imperfect involution and are consequently easily stretched. If, in addition, there be laceration or relaxation of the pelvic floor, the uetrus, during straining or lifting, is crowded more and more toward the pelvic outlet until finally it makes its appearance externally. Usually the descending organ carries with it the rectum and the bladder, giving rise to rectocele and cystocele.

Injuries to the pelvic floor resulting from childbirth may be:

1. Simple lacerations of the fourchette which involve no structures of importance; when deeper, the transversus pereni muscles and the triangular ligament may be torn.

2. Laceration of the fourchette and the introitus vaginæ extending up one or both vaginal sulci. In this form of injury the fibres of the levator ani muscles which unite at the raphé in the recto-vaginal septum are torn or detached from the lateral walls of the vagina and rectum. The supporting function of the pelvic floor is thereby crippled or destroyed, and there results rectocele, cystocele and prolapsus of the uterus—hernia of the pelvic contents. This form of injury is frequently concealed and, therefore, overlooked, because of the fact that

the actual depth of the perineum may be increased, the rectum falling away from the vagina.

3. Lacerations of the recto-vaginal septum, usually median, extending a variable distance up the rectum. The sphincter ani is torn through and with the loss of support there is also incontinence of fæces and gas.

Figure 1. Dissection of Mucous Membrane from Bladder after Denudation.

Pathology.

Structural changes are usually associated with the prolapsed organ. The cervical mucous membrane is everted and erosions and even extensive ulceration from friction are of frequent occurrence. Endometritis with metritis and hypertrophy exist in nearly all instances. The vagina becomes markedly hypertrophied in complete procidentia and its cavity may be entirely lost by the eversion. Its rugæ are destroyed and from long exposure to friction its epithelial layer becomes so thickened as to resemble true skin. There is, as has been stated, even in descensus of the first and second degrees, more or less prolapsus of the anterior and posterior vaginal walls with resultant rectocele, cystocele and sometimes urethrocele. The uterine appendages are necessarily carried downward with the uterus and, not infrequently, are inflamed or adherent.

Symptoms.

For convenience of study, prolapsus of the uterus may be classified into three degrees.

In the first degree the organ is somewhat lower in the pelvis than normal, although its axis corresponds to the plane of the inlet.

In the second degree the cervix reaches the ostium vaginæ and the axis of the uterus corresponds to the pelvic mid-plane.

In the third degree the uterus is wholly or in part outside the vagina, and its axis corresponds to that of the pelvic outlet. This is known as complete procidentia.

The subjective symptoms will depend upon the degree of prolapsus and upon the complicating factors. The most frequent one is a bearing down sensation. If the uterus presents externally, the patient herself suspects the cause of the trouble. Difficult or painful micturition is an early and often a prominent symptom, though strangely enough in some cases of complete procidentia, micturition is not especially difficult. Partial or complete urinary incontinence, long the bete noire of all surgeons, is a frequent complication. There is likewise more or less rectal irritation. The prolapse is increased upon assuming the erect posture, and if the procidentia is of the first degree or of the second, it is relieved by lying down, or after assuming the knee chest position. Menstrual disturbances in women who have not passed the menopause are not necessarily very great, though menorrhagia may be troublesome. Walking is interfered with and the general distress is aggravated by muscular exertion, especially lifting.

The physical signs are pronounced. Upon vaginal examination the uterus will be found either low down in the vagina or completely protruding from it. The degree of prolapse can best be determined by completing the examination in the erect posture. The uterus is usually increased in length.

In cases of submucous injury with relaxation, inspection will show that even though the perineum is actually deeper than normal, the ostium vaginæ is not properly closed. The anal cleft, instead of presenting as a sharp deep furrow, is flat and shallow, and the anus drops backward instead of being held forward towards the pubic arch As the finger is carried into the vagina the distinct transverse ridge of fibres, extending from one pubic ramus to

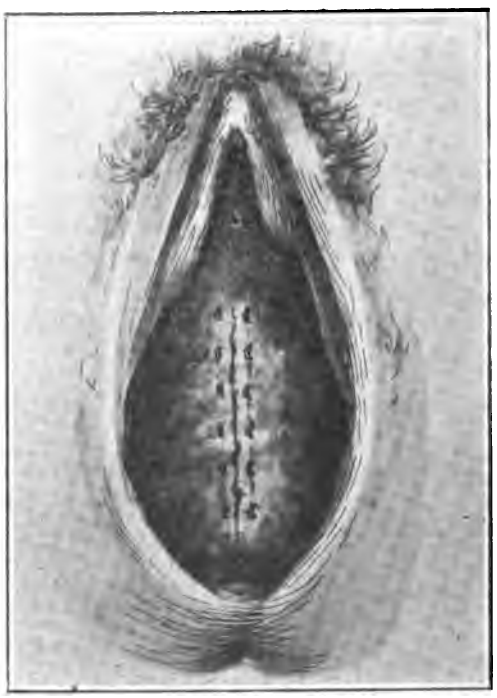

Figure 2. Mattress Sutures tied. A continuous Mattress Suture is quite as efficient and much more quickly applied.

the other, cannot be felt. The only resistance met with upon pressing the posterior vaginal wall backward is the large open muscular loop, which rises low down on the pubic ramus, and passes around the rectum and vagina just in front of the coccyx.

If the patient is upon her back and the perineum is retracted with a finger in either vaginal sulcus, the anterior and posterior vaginal walls will roll out especially if the patient be instructed to bear down; in advanced cystocele and rectocele the pouching is very marked. Or if she be placed in Sims' posture, the ostium is not normally closed, but is sufficiently gaping to permit the entrance of air. If the finger is now carried into the vaginal sulci the lines of separation can be distinctly felt. In the erect posture intra-abdominal pressure tends to force the pelvic contents from the weak outlet.

Treatment.

Preventive and palliative treatment is only applicable in the minor degrees of prolapse and in those cases where there are serious counterindications to surgical work. It goes without saying that the obstetrician should do his full duty in repairing the pelvic floor when there is visible injury to the vaginal outlet. Unfortunately, submucous injuries are not recognized at this time and consequently the obstetrician should not be held responsible for overlooking them. Then, too, where there is a tendency for the fundus of the uterus to be directed backward, proper position during the lying-in state, and the abandonment of the obstetric binder, will do much toward keeping the fundus directed forward. Where there is subinvolution and congestion of the pelvic organs, these conditions can be improved by proper rest, vaginal douches, medicated tampons, postures, etc., together with remedies to overcome whatever constitutional weakness there may be present. In the vast majority of instances of prolapse of the first edgree this treatment is all that is necessary.

When, however, the cervix rests upon the pelvic floor or the uterus escapes externally, nothing short of radical surgical measures will afford permanent relief.

To overcome successfully complete procidentia of the uterus and relieve the patient entirely of her distress the following facts must be borne in mind:

1. The axis of the uterus must be restored to its normal relationship to the axis of the vagina.

2. The rectocele and the cystocele incident to the prolapse must be overcome.

3. The pelvic floor must be restored so that the divided levator ani fibres, with their fascial covering, are brought together in the median line, thus reconverting the vagina into a mere slit in the pelvic floor.

In order to cover the foregoing indications it is of infinite advantage to simplify the technique so that all necessary work can be completed at one sitting. My own mode of procedure is as follows:

If the uterus is enlarged, heavy and congested, I do, first, a divulsion, then a curettage and follow this, if there is cicatricial tissue in the cervix, with a trachelorrhaphy; or, if there is hypertrophic elongation or ulceration of the cervix, the cervix is amputated. Next I do an anterior colporrhaphy, according to a method described by me in a paper read before the Surgical and Gynæcological Association of the American Institute of Homœopathy in June, 1904.* This operation has stood the test of time and I have so much faith in it that I want again to call the attention of the profession to its merits. The old edge to edge approximation in cystocele operations is an absolute failure and should be a thing of the past. The ordinary circular denudation corresponds in size to the size and degree of the cystocele. While in conformation it should be oval, ordinarily it should be wider above than below, because in nearly all instances there is a greater degree of relaxation in the upper part of the vagina than in the lower. The denudation is carried entirely through the vaginal wall down to the muscular wall of the bladder. After the denudation is made the mucous membrane is dissected from the bladder to the extent of one inch, entirely around the denuded area. The dissection can be easily made either with a scalpel or with scissors or with the finger and gauze, as the operator may elect. (Fig. 1.)

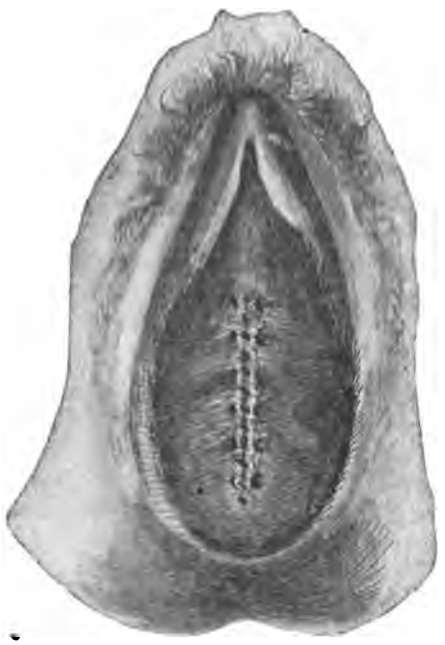

Figure 3. Running Catgut Suture approxinating edges of Mucus Membrane after tying of Mattress Sutures.

In case there is incontinence of urine, whether there be complete procidentia or merely a relaxation of the pelvic floor with cystocele, this denudation is carried down almost the entire length of the urethra. A chromic catgut suture of medium weight is now introduced near the urinary meatus and is carried upwards in the form of a mattress suture in such a way that when it is tied there will be a ridge of tissue, at least three-eighths of an inch thick, which is composed of the entire depth of the vagina lifted from the bladder. (Fig. 2.) The edges of this column of tissue are now brought together with a running catgut suture. (Fig. 3.) As time progresses there is left a small ridge of tissue not larger than a goose quill, but sufficiently firm to lift up the bladder and overcome the prolapse. When carried over the urethra it will cure absolutely any degree of incontinence of urine which has as yet passed under my observation. I say this with emphasis, because all other operations

*The American Journal of Obstetrics, Vol. LI., No. 2, 1905.

devised for this purpose have resulted in failure in a very large per cent. of instances.

Next attention is given to the pelvic floor. Here again I have devised a technique which is simple, and requires but a few moments for its execution. It is a combination of an operation I saw done by

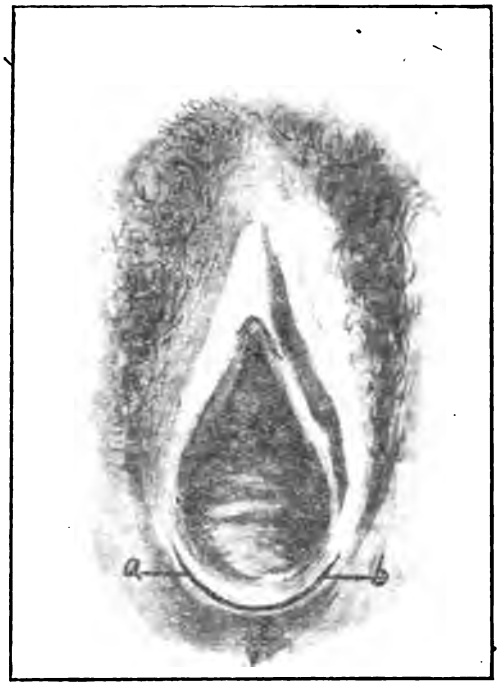

Figure 4. Skin incision in Flap-Splitting Operation.

the Mayo brothers, and the original Martin operation. It is performed as follows: The ordinary semi-circular incision is made at the junction of the mucous membrane and the skin at the ostium vaginæ, the height of the skin incision depending upon the degree of injury to the perineal body. (Fig. 4.) After this incision is completed a dissection is made with the finger into one or both vaginal sulci, depending upon the degree of injury, as far as the crest of the rectocele. The raphé is left untouched. Thus far the operation is the Mayo operation. The Mayos, however, pass all their stitches from the skin aspect of the wound, sweeping them about the left sulci and around the raphé into the right, and out again through the skin of the right side. In my hands this caused too much tension upon the skin area and the pain is excessive. I therefore modified the operation so that a chromic catgut suture is first introduced into the apex of the left sulcus; this is tied and the distal end cut short. It is not carried *around* the raphé into the right sulcus, which, when made taut, draws the raphé upwards, overcoming entirely the rectocele, bringing the divided levator ani muscles together in the median line and leaving the vagina perfectly smooth. (Fig. 5.) From this point the suture is made completely to surround the pyramidal shaped wound until the skin aspect is reached, as in the original Martin operation. If the perineal body is torn, skin stitches are passed in such a way as to restore this body. If there is no occasion to increase the depth of the perineal body, the mucous membrane of the vagina is stitched to the skin area. The result is a firm, solid pelvic floor with the vagina converted into a mere slit.

Should there be complete laceration of the perineum through the sphincter ani muscle, as in case 3, the operation is modified so as to bring together the divided ends of the sphincter ani muscle.

Notwithstanding the solidity and firmness of the pelvic floor thus repaired, the prolapse will almost invariably recur, unless the fundus is held forward. This can be done by several methods. Personally, I prefer a modification of the so-called internal Alexander operation, which was first described by Gilliam, of Columbus. Gilliam's technique is, however, too complicated. All that it is necessary to do after bringing the fundus forward, is to thrust a pair of Kelly forceps through the fascia, muscle and peritoneum one inch above the lower end of the abdominal wound and the same distance laterally, catching the round ligament in the forceps and drawing it through the opening.* The fascia and the peritoneum *should be drawn inward* before the puncture wound is made, so that there will be no tension upon them when the wound is closed. The opposite ligament is dealt with in the same manner when they are lapped over each other in front of the abdominal wound and stitched together and to the fascia, by means of a fine chromic gut suture. (Fig. 6.) If the appendages are removed at the same sitting, or if the patient has passed the child-bearing age, it is safer to supplement this operation by stitching the fundus of the uterus to the anterior abdominal wall. The abdominal wound is then closed as the operator may elect. My usual method is, first, to close the peritoneum with a running

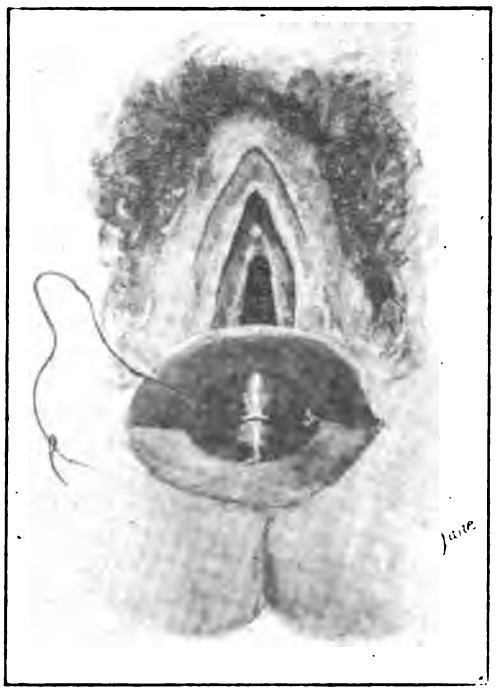

Figure 5. Chromic Stitch introduced in the Sulci and carried around the raphé.

*The objection has been made to this operation that there is danger of bowel strangulation because of the loops formed by the displaced round ligaments. This objection I believe to be theoretic rather than practical.—J. C. W.

catgut suture, then the fascia by the overlapping method, and finally the skin, reinforcing the gut sutures with several interrupted silk worm sutures tied over a strip of gauze.

When there is extreme over stretching of the utero-sacral ligaments these may be shortened through the abdomen. Theoretically, this is an ideal operation. It is yet in an experimental stage, and its value must be left to the future. Practically I have not found it necessary since following the technique described.

Vaginal hysterectomy is an unjustifiable procedure for uterine prolapse, unless there exists evidence of malignant disease. It does not cure the cystocele or the rectocele, and the patient is often left with quite as much distress as before the removal of the uterus because of the prolapse of the vaginal walls.

Illustrative Cases.

I have selected from my record of sixty-two cases of procidentia of the uterus the following, because of the extreme age of most of the patients here reported. Case 1 is introduced as typical of the many suffering from reflexes due to prolapse of the second degree with associated injuries caused by child bearing. The final test of any operative procedure must be the results obtained. No death has resulted in the entire series. Doubtless there have been some failures and doubtless there will be some return of the prolapse in cases recently operated upon. No failure has yet passed under my observation, but as some of the operations were performed in the clinic it is possible that a few failures have escaped my attention. It goes without saying that the best time to operate for procidentia of the uterus is before complete prolapse occurs.

Case 1.—Prolapse of the second degree. Patient æt. 34; one child, 9 years old; never pregnant before or since. For one week previously to and during her menstruation she suffered from an intolerable headache which almost drove her insane and left her a complete nervous wreck. Examination showed the uterus low down, the cervix presenting at the ostium vaginæ, and the fundus in the cul-de-sac of Douglas. The cervix was hard, and the entire organ enlarged. On October 13, 1906, I did a divulsion; a curettage, removing a large amount of debris from the uterine cavity; and a trachelorrhaphy, removing a plug of tissue from the left side which extended above the internal os. Then I did a perineorrhaphy by the flap splitting method, after which the rectum was divulsed, several papillæ removed from this organ and adhesions of the clitoris corrected. The abdomen was then opened and the appendix, which was thickened, removed. Next I did the internal Alexander operation and closed the abdomen with two layers of catgut, silk worm gut tension sutures and a buttonhole silk suture for the skin. Both ovaries were down under the fundus in this case but an examination made in March, 1907, shows them to be, together with the uterus, in a perfectly normal position. The headaches have entirely disappeared, and the patient reports herself well and happy.

Case 2.—Patient æt. 52. Multipara; ceased to menstruate at 38. The uterus was small and atrophied, and there was a complete hernia of the pelvic contents—the uterus, vagina and rectum presenting externally. On February 7, 1907, I did a divulsion, a curettage, a trachelorrhaphy, an anterior colporrhaphy and a perineorrhaphy. The abdomen was then opened in the Trendelenburg posture. The appendix normal. The small fundus was caught in forceps, when the internal Alexander operation was performed. The fundus of the uterus was also stitched to the peritoneum in front in order to give additional support. The abdomen was closed in the usual way. Time of entire series of operations, forty minutes. This patient had been in the condition described for thirty years. A report recently received from her son, who is a physician, informs me that she is perfectly well.

Case 3.—Patient æt. 58, referred by Dr. H. H. Smith, of Bucyrus, Ohio. Complete procidentia of the uterus for twelve years; complete laceration of the perineum and sphincter ani muscles with incontinence of fæces and gas for thirty years. On October 25, 1905, I did a divulsion, a curettage, a trachelorrhaphy, an anterior colporrhaphy and built up the pelvic floor according to the method described. The abdomen was then opened and the internal Alexander operation made. The abdomen was closed in the usual way. Time of entire operation, one hour and ten minutes. The patient examined a few days ago. The uterus and the vagina are absolutely normal, as regards structure and position, the ostium vaginæ is perfect, and she has perfect control of the fæces and gases.

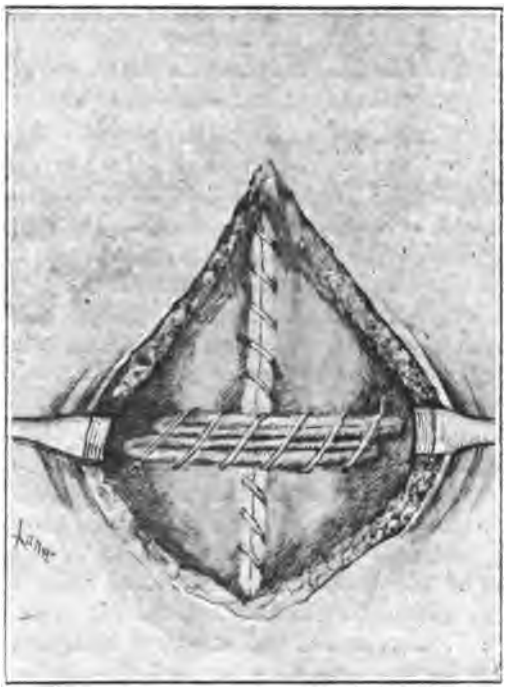

Figure 6. Gilliam Operation as modified by the Author.

Case 4.—Patient æt. 78, referred to me by Dr. R. Hathaway, of Wellington, Ohio. The mother of a large family. Complete procidentia for thirteen years. On September 3, 1903, I did a divulsion, a curettage, an anterior colporrhaphy and built up the pelvic floor solidly. The abdomen was then opened and the uterus stitched in front. Notwithstanding the extreme age the patient stood the operation nicely, and made an ideal convalescence. I saw her

daughter but a few days ago and she tells me her mother is in perfect health. This case certainly emphasizes the fact that age is no barrier to successful surgical work, either plastic or abdominal.

Case 5.—Patient æt. 65, referred to me by Dr. L. H. Tillotson, of Painesville, Ohio. Operation for complete procidentia of the uterus with retroflexion, dating back some twenty years. Anterior colporrhaphy by the old edge to edge approximation. The pelvic floor was then built up by the flap splitting method. The abdomen was explored through a short incision and the uterus fastened in front with two catgut sutures. The abdomen was closed in the usual way, the entire series of operations requiring but thirty minutes for their performance. The patient was scarcely shocked when removed from the table. Convalescence ideal. Examination November, 1907, five years after operation. There is a return of the cystocele, which, however, because of the fact that the uterus is held forward and upwards gives her but little distress. The giving way of the anterior colphorrhaphy is what occurs in nine cases out of ten in the edge to edge approximation of the mucous borders.

Case 6.—Patient æt. 51. This patient is a prominent society woman of Cleveland, but her life was made miserable because of an almost complete incontinence of urine, which had existed for seven or eight years. She was practically compelled to give up society because of her deplorable state, and in consulting her physician and various specialists the impossibility of curing the incontinence had been emphasized. There was a gush of urine every time she coughed, and a quick movement of any kind resulted in loss. She came to me much discouraged, and it was only by referring her to several cases operated upon that I could get her consent to an operation. An examination revealed a badly lacerated cervix, which was so irritated because of the constant contact with urine that I feared, upon first examination, malignancy. This, however, disappeared under proper local treatment applied by her attending physician. The anterior vaginal floor was prolapsed as was the urethra. The pelvic floor was badly relaxed.

On January 15, 1907, I did a divulsion, a curettage, a trachelorrhaphy, removing a large amount of cicatricial tissue from the left side of the cervix, had an anterior colporrhaphy, which extended down to the urinary meatus, and built up the pelvic floor.

This patient is absolutely well and has perfect control of the urine. She has re-entered society, and is, as can be imagined, very happy.

Conclusion:

1. Rarely does there result anything more than temporary palliation in prolapse of the second and third degrees when methods other than radical are resorted to.

2. Cystocele and incontinence of urine can be absolutely overcome by the operation described.

3. In complete procidentia, no matter how solidly the pelvic floor is built up, recurrence will take place unless the fundus is held forward.

4. Age is no barrier to the operation, provided the patient is in fairly good health.

5. Recurrences are more apt to occur in the aged because of the general devolution of the tissues.

6. The prognosis, as regards cure, is, however, almost universally favorable when the entire series of operations outlined are performed. The prognosis as regards life is not more unfavorable than in the ordinary run of plastic and abdominal cases.

816 Rose Building.

Surgery.

THE TREATMENT OF OSTEOMYELITIS.

BY FRANK C. TITZEL, M. D., IOWA CITY, IA

The treatment of this disease is the most important of any of the bone diseases and at the same time more ignorance and neglect is exhibited in its management than in any other. It is very destructive in its nature, and the usefulness of many limbs has been impaired by it. More than this, when neglected it makes such inroads upon the patient's health as to imperil his life from general sepsis, so it behooves us as physicians to begin early wth proper treatment if we would secure the best results.

An incorrect diagnosis, perhaps, is responsible for more mistakes in the treatment than any other one thing, for I find that the great majority of cases to which I am called have been first diagnosed as rhematism, or growing pains, and improper treatment or no treatment at all instituted, with a consequent loss of valuable time.

The treatment of this affection may appropriately be divided into prophylactic, medical and surgical. I will speak of the former first.

Prophylactic.

Inasmuch as the cause of this disease is many times due to the absorption of pus germs from suppuration in some other part of the body, we should direct our attention to these conditions by taking care of suppuration wherever found. Drainage of pus cavities and thoroughly asepticizing them is always indicated. "Get rid of pus wherever confined" is a surgical maxim, and it is nowhere more pertinent or important as a prophylactic measure than in this class of cases.

My experience has been that we do not see most of them until long after the exciting causes have gotten in their work, and we have a lively osteomyelitis to deal with from our first visit. To prevent suppuration, then, in the medullary canal should be our first thought and aim. Besides the medical treatment the application of an ice bag or an ice coil may be of use. Hot applications, moist dressings and poultices of all kinds should be avoided, because they favor suppuration rather than tend to avoid it. The August Bier treatment is worthy of a trial for the prevention of suppuration. The theory of it is that by increasing the blood supply in a part the resistance of the tissues to bacteria is thereby markedly increased. He backs up his theory with a record of some 300 cases of various kinds, in which the ultimate results have been carefully noted. The technique is very simple. In

treating lesions of the extremities, an elastic band is applied some distance proximal to the infected area, with sufficient tension to produce intense redness of the skin and a moderate amount of subcutaneous œdema of the distal portion of the limb. With proper adjustment of the bandage and the correct amount of tension, no pain is produced. Only a slight feeling of fulness. Existing pain from the infection is, as a rule, speedily relieved. In cases of mild infection the treatment is continued for ten hours, and from ten to twenty hours in severe ones. In the interval gentle massage is applied to the limb, after which the band is reapplied at the same point or at another as the appearance of the limb may seem advisable. As inflammation subsides the periods of hyperæmia are shortened. The author asserts that very often incipient abscesses are arrested and reabsorption of the inflammatory products takes place. The method has been extensively used in Von Eiselberg's clinic in Vienna, and also in Prof. Wolfer's clinic at Prague. They both report good results in preventing suppuration in this class of cases, so let us not forget the Bier hyperæmic treatment as one of our prophylactics. My experience with it has been confined to three cases with satisfactory results in each.

Medical.

If we can get these cases in their inception we can do much to avoid disastrous results in the way of suppuration and destruction of bone with our homœopathic remedies. I have more faith in the indicated remedy, in fact, than I have in the Bier or any other method, for aborting this disease. In the first stages such remedies as Aconite, Belladonna, Baptisia, Bryonia, Rhus toxicodendron, Veratrum viride and Mercurius, given singly and in accordance with their several indications, will do marvelous work. In cases that have gone on to suppuration the remedies that would be most likely thought of are such as Hepar sulphur, Silicea, Fluoric acid, Calcarea phosphorica, Sulphur and Nitric acid. We would not expect to open abscesses nor to remove dead bone with remedies, as some of our visionary confreres seem to think they can do, but remedies like these do help to clean up suppurative cases after surgical work has been done.

I will discuss the surgical treatment under three heads, early, intermediate and late operation.

Early Operation.

By early operation we mean opening into the medullary canal before the suppuration process has developed enough to destroy the shaft of the bone or reached the periosteum. Neglect at this time has been the means of destroying the integrity of many a limb, and I wish to emphasize in the strongest manner possible, the importance of early operation in these cases. It limits necrosis, lessens the tendency to pyæmia, general sepsis and multiple osteomyelitis and shortens greatly the time of illness for the patient.

We should locate the point of greatest tenderness, anæsthetize the patient and go in there boldly with a trephine. If pus is found, enlarge with chisel or gouge in the direction from which pus seems to escape. In some cases the opening will thus need to be extended from one to several inches in length. Do not attempt to remove all suppurating marrow with a curette as recommended by so many. This is a bone abscess, and it is no more necessary to curette here than it is to undertake to remove the soft tissues underlying any abscess. Sufficient and proper drainage is all that is necessary. The removal of the endosteum by curette or otherwise, destroys the vitality of the internal surface of the cortex, and in that way prevents regeneration.

When an extension of the trouble has taken place into the epiphysis the removal of a button of bone for drainage is permissible, keeping at all times as far as possible from the line of separation from the diaphysis.

When joints are involved, the knee, for example, the indication is to drain as soon as we are positive that we have pus. We should remember, however, that fluid in the joint early in this disease, is nearly always œdematous in character and not pus.

In a few words, then, early operation to limit the destruction of bone. Do not destroy the endosteum, as regeneration takes place from this by granulation. Let us bear these two facts in mind, and the shafts of many bones will be saved. No harm will result if we operate early, even though we operate on one ocasionally and no pus is found. If we do not operate much harm is certain to result.

Intermediate Operation.

When the bone substance has been honey-combed by suppuration, the periosteum ruptured and we have pus disseminated in and under the overlying tissues, no time should be lost in draining. One or more incisions as needed, should be made in the soft parts down to the bone. The latter should be opened freely at different points, irrigated through and through, drainage tubes inserted and a wet dressing applied. Fracture should be guarded against by putting the limb in a fracture box or other suitable splint.

Necrosis of the shaft is prone to advance during this stage and proliferation from the periosteum takes place rapidly. The amount of necrosis varies from a mere splinter to the entire thickness of the shaft. The removal of the former will expose a granulating surface that will soon fill up and be covered with periosteum. When a large area of bone is involved, it must be removed for an involucrum is formed around it from the periosteum, and it will go on suppurating and discharging indefinitely through sinuses that are always present.

The rule has been not to remove sequestra until they were movable, loosened in their bed or until the involucrum had completely ossified around them. This is not always necessary. In cases where we have another bone to serve as a splint, as the tibia, for example, the periosteum can be split along the line of bone to be removed, stripped either way, and the necrosed shaft entirely removed. The ribbons of periosteum are then brought together as a tube and the soft tissues closed over it. A new bone will develop within this tube, which, will at first, be larger than the original, but it soon diminishes to normal size, and is strong enough for any use in five to eight months. The average time when such an operation can be done is eight weeks from the beginning of the infection. Therefore, when bones like the tibia, fibula, radius or ulna are involved it

is not necessary to wait for the sequestrum to become loose before we attempt its removal. This time can be saved to the patient, and the results are unusually perfect by the method I have just outlined.

Late Operation.

When the benefits to be derived from an early operation have not been had and for some reason or other the case has been allowed to go on past the time for an intermediate one, we come to what is known as a late operation. The pathology is now interesting. We have a sequestrum that is loose or partially loose. Around it we have an involucrum of dense bone which has developed from the periosteum. Through this is one or many sinuses leading down to the medullary canal, that discharge constantly. The central canal is plugged with a bony deposit from the endosteum, which marks the limit of suppuration in either direction. The sequestrum, in fact, is surrounded upon all sides by a box of dense bone.

We may enlarge the sinuses that lead into such a cavity or chisel an opening into it for drainage and the removal of dead bone, yet it will not close from within, as the endosteum has been destroyed. It will presist for months as a dirty, foul, suppurating surface. This is the history of most of the neglected cases.

There are several methods of treating them. One of the most popular perhaps is what is known as Schede's method. It consists in removing the sequestrum with chisel or gouge, thoroughly aseptic-ising the cavity, and allowing it to fill with blood clot. The soft tissues are closed over it and a Schede dressing applied with the expectation that organization will take place in the clot and thus fill the defect in the bone. It does not always do it, as I can testify from experience. The operation is liable to fail for three reasons. It is almost impossible to get a cavity of this skin absolutely sterile, and when this condition is not obtainable it is only a question of a short time when disintegration of the clot takes place, and we have pus as a result. Many operators fail, too, to remove the central bony plug in the canal at either end of the cavity, and no attempt at regeneration takes place at this point, which should be the most active. Again the operation fails because the necrosed bone is not all removed. This is perhaps the most common cause of failure. So we succeed with it only when the greatest care is used not only at the time of the operation, but in the application and changing of dressing from time to time subsequently.

Neuber's method is another that is sometimes used in such cases. After the sequestrum has been thoroughly removed, a portion of the outer shell of bone is taken off, thus somewhat flattening the bone. Skin flaps of sufficient size are loosened upon either side and inverted into the cavity, covering its surface to the very bottom. The skin will become adherent and the granulating surface is thus obliterated with but little if any increase in the size of the bone. This method simply saves the patient from the annoyance of a constantly suppurating, granulating cavity.

The Mosetig-Moorhof, "Plumbierung" method, recently hailing from Vienna, promises much in the treatment of these neglected cases. It consists in removing the necrotic area and filling the cavity with a mixture of iodoform, 60 parts; spermaceti, 40 parts, and oil of sesame, 40 parts. This is heated until it becomes fluid and is poured into the cavity as lead into a mold, until it is as full as the normal contour of the bone will allow. It hardens when cool, completely fills and hermetically seals the cavity. The soft tissues are closed over it. In cases where it succeeds the iodoform plug is absorbed and the cavity is filled with organized bone, or it is gradually pushed out as granulation takes place beneath. I have had no personal experience with this method, but it seems to me that the filling of bone cavities with any foreign substances will fail in many instances, just as will the attempt to fill with blood clot which is to become organized, because it is almost impossible to render such cavities absolutely and thoroughly sterile.

I, therefore, await with considerable interest the verdict of the surgical world on this new method of treating these cavities after it has been tried in the crucible of ripe experience.

REPORT OF A CASE OF SELF CASTRATION.

BY A. E. A. MUMMERY, M. D., SALINE, MICH.

Mr. L. T.; age twenty-four; married; occupation, rural mail carrier.

First call, November 6, 1907, 11:10 P. M.

Found patient in a semi-conscious condition, due to loss of blood, no radial pulse, heart action, 130; temperature, 97.4 F. He was lying in a pool of blood coming from wound in scrotum, caused by removal of left testicle, the cord being cut within the tunica vaginalis.

Immediately applied pressure over the cord in the pubic region, and after removing clots with finger, caught and tied vessels with chromacized catgut. The sac was then irrigated with hot 1-1000 solution of Alphozone.

The active hæmorrhage being controlled, the cavity was packed with ten per cent. Iodoform gauze, and a tight bandage applied.

The heart was stimulated with 1-60 grain Strychnine sulphate, hypodermically, and pain controlled with one of Abbott's H. M. C. tablets. A normal salt enema was also given. Hot water bottles were applied, and in an hour the enema was repeated, the patient's condition improving. Pulse, 114 and stronger, and the temperature, 98.

In two hours, heart action still improving and patient asleep.

At 6 A. M. Pulse, 100; temperature, 99.2. Patient feeling stronger. Patient put on liquid diet.

4:30 P. M. Pulse, 94; temperature, 99.4. Having rested well during day, the patient was stronger and in good spirits, but complained of some pain.

November 8. 9:30 A. M. Pulse, 87; temperature, 99.1. Dressing removed and wound irrigated with Alphozone 1-2000, and packed with Iodoform gauze. There were no signs of infection, as yet, but great ecchymosis of parts.

The irrigations and packing were repeated daily,

diminishing the quantity of gauze each time until the eighth day when it was unnecessary.

On the ninth day there being a slight amount of pus, the wound was irrigated and wiped out with 96 per cent. Carbolic acid. An uneventful recovery followed.

The circumstances which brought about this deed are as follows: His wife, being pregnant, sexual intercourse became very distasteful to her. When young he had formed the habit of masturbation, due, chiefly, to a long, tight foreskin, and he now resorted to this way of satisfying his passion.

Being a zealous church member and reader (not student) of the Bible, he read of the condemnation of Onan, and worried about himself. He read the passage in Matthew 18: 8-9, "If thy hand or thy foot offend thee, cut them off," etc., "If thine eye offend thee, pluck it out," etc. After due consideration, he decided to rid himself of the offending parts.

Being left alone for a few days, he carried out his intention, at about 9 P. M., by using a razor. And after removing left testicle, he became alarmed at the hæmorrhage, which prevented him from unsexing himself completely. At 10:30 P. M., feeling faint, he went to the home of his aunt, about ten rods distant, and had her call his wife and myself. They immediately placed him in bed, where I found him at 11:10 P. M.

I have advised a close circumcision, which will be performed in a short time.

Practice of Medicine.

CATARRHAL PNEUMONIA.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

It is not my intention to dwell upon etiology, classifications or even symptoms in routine manner.

I shall attempt to be as practical as possible and to consider the subject as a practicing physician usually carries it in his own mind divested of minute discriminations not essential to good treatment.

As used at the present time, the term pneumonia is not very specific. It only indicates consolidation which may be induced in different forms and by different agents. When we wish to be accurate the words lobular pneumonia, hypostatic pneumonia, tubercular pneumonia, etc., are employed.

I shall use the terms catarrhal pneumonia, lobular pneumonia and capillary bronchitis indiscriminately as referring to the same conditions, although I appreciate that it is maintained by some that there are pathological differences to be recognized.

The terms lobar pneumonia, croupous pneumonia, pneumonia fever and fibrinous pneumonia I shall use to designate the specific pneumonia supposed to be excited by the invasion of the lung in considerable mass by Fraenkel's pneumococcus, but to which it will not be necessary to refer except for comparison.

The type of pneumonia I have in mind is the catarrhal, so frequently met in enfeebled infants and the physiologically aged. It is not usually induced by any particular germ but by a conspiracy of microflores, there being no organism that stands in the same relation to it that the pneumococcus does to the croupous form. Any irritation that establishes or perpetuates a bronchitis, bronchiolitis or pulmonary capillary inflammation can excite a catarrhal state of the alveoli. It is liable to be a complication or sequel of all the infectious diseases of childhood in which bronchitis may occur.

The child during the first years of life has relatively much smaller alveoli in proportion to the lungs as a whole and larger bronchi, he also has bronchial muscles less developed. The old person has a heart more or less exhausted with life's circulatory battles, and suffers from weakness of the respiratory muscles similar to that of infants. Consequently, with both the very young and the aged the act of coughing is exhausting and expectoration difficult if not impossible. When the child suffering from catarrhal pneumonia ceases to raise the accumulations that are forming in his bronchial tubes and alveoli he becomes cyanotic, and finally drowns in his own secretions, perishing for the lack of oxygen. When the individual advanced in years suffers from the same disease, he soon becomes exhausted and suffocates on account of a kind of bronchial palsy. Broncho-pneumonia is almost invariably secondary, although primary cases do occur. When a child has primary pneumonia it is quite sure to be the fibrinous type even if the hepatization be lobular rather than lobar. Children who are enfeebled from whatever cause, bad air, bad feed, bad bodily hygiene, congenital weakness as well as those suffering from acute illness are predisposed candidates, while it is quite unusual for a fairly vigorous individual to come down with broncho-pneumonia, the croupous type often attacks those in apparently fair health. The prognosis in croupous pneumonia of young people is very good, their risks not being very great, but broncho-pneumonia as a sequel to the catarrhal inflammations that involve the respiratory tract is the cause of death so often as to rank as a very common and dangerous complication. In the order of their frequency of occurrence as a complication there is to be mentioned measles, whooping cough, diphtheria, influenza, ileo-colitis, scarlet fever, simple bronchitis, common colds.

Measles standing at the head of the list deserves a word. In an individual of clean constitution it is not to be dreaded, although even then sequellæ may occur. With the child of depraved constitution measles is a serious disease, and oftener than we are apt to think predisposes to pneumonia or some other sequella, perhaps tuberculosis. Under such circumstances the gravity of the case should excite our most serious consideration.

If whooping cough were as common as measles it would undoubtedly head the list. It always excites grave apprehension in infants and with older children we feel more comfortable when the catarrhal stage is improved.

In the other extreme of life, when the respiratory organs are also liable to suffer from capillary con-

gestion, we find, not acute inflammations, but the diseases of degeneration as the predisposing causes. In those who have passed the vigor of life the silver cord is so often loosed by previously existing diseases such as arterio-sclerosis, chronic nephritis, diabetes, defects of cord and brain, gout or that general flavor of mild decay which is the very staff of senility so that, what under conditions of normal resistance would be deemed only a moderate bronchitis, the golden bowl is broken and the old man succumbs. Some one has said that to die of broncho-pneumonia seems almost the natural fate of the aged. Probably with them the disease is more insidious, oftentimes death occurring before any one is aware of a critical situation. As an illustration of one such case I will describe briefly the terminal phenomena in the life of a very old lady. She had set up to breakfact at seven o'clock, apparently suffering from nothing but the natural feebleness of old age. An hour or two later she became short of breath, coughed ineffectively, and I was sent for. I found her laboring for breath with fine rales all through the chest. Was sent for again at noon, and before arriving was met by a member of the family who told me the patient was dead. The history of the case indicates pretty clearly a suffocative broncho-pneumonia and sudden death from asphyxia. No doubt the invasion of the pulmonary capillaries had been going on a little time before, but was not detected until cyanosis and sudden cough called attention to it. Being on the balancing point, owing to her degenerated arteries and senile heart, the slight tipping of the scale destroyed its equilibrium forever.

Referring to the symptoms of consecutive pneumonia there is to be noted the signs of bronchitis associated with the invading disease. This bronchial inflammation extends and becomes a bronchiolitis with subcrepitant rales chiefly in the interscapular spaces over the lower lobes. The finer crackles may be masked by the coarser bronchial rales. Evidences of consolidation are very often lacking, even in the severer cases. This is because of the lobular type of hepatization, there being disseminated among the engorged lobules enough active lung tissue to make the amount of solidification indeterminate by percussion. While the physical signs are important and an early and accurate diagnosis necessary, the attending physician who is seeking for a basis upon which to make a prescription observes minutely the actual state of the patient. The prognosis depends more upon the evidences of general poisoning and essential weakness than upon the areas of dull sounds or the character of the rales, although in the majority of cases the extent of invasion is a guide to the state of the sufferer.

As already stated, the entire pnuemonic process is more likely to be masked in the aged than in the young. The chronic ailments, as probably outside the lung as within, which predispose are aggravated and may attract the entire attention of both patient and physician, until a pulmonary climax suddenly bursts forth, not in a febrile or fulgurating explosion, but as an adynamic collapse. If the development be in more marked stages, it will still be less febrile, less acute, less lobar in its distribution, and the sputum expelled with more difficulty than in the croupous form. It is none the less liable to work its treacherous way to the fatal end. The percentage of lives saved in such cases, of course, varies with the age, but seventy is a good record.. The percentage of recoveries among children varies also, but in direct ratio with the age.

Ordinarily the temperature is not much to be reckoned with. It is not often above normal in infants and the aged; when it is so with either of these or others, it runs an uneven course, fading out gradually in favorable cases. Abrupt onset, high fever and crisis are seldom noted. I will remark, however, that the highest degree of fever I have ever observed in an infant who recovered was in broncho-pneumonia complicating whooping cough, in which case a temperature a shade below one hundred and seven in the axilla was recorded.

The pulse is rapid and weak. In health the normal ratio of the pulse to respiration is nine to two, or as usually remembered, four to one. In pneumonia it diminishes to three to one or even below two to one. This tendency for the number of respirations to approach the number of pulsations is quite characteristic of pneumonia, and is not observed in any other febrile disease except cerebro-spinal meningitis. In an old person with heart muscle wasted by simple atrophy or fatty changes the fatigue of the organs of respiration resulting from so rapid breathing will have rest very soon, either by return towards normal or by stopping altogether. The nurse should take the pulse and respiratory rate every hour or so while the patient is going through the narrows, figure out the ratio and tabulate it for the physician's use in connection with her other records.

The true character of the respiratory functions and lesser circulation is reflected by the pallor, cyanosis and surface coldness of the body. The cyanosis, weakness and apathetic mental state induced by the carbon dioxide poisoning are the real features of the disease, especially in children, and are to be noted particularly from the therapeutic standpoint.

The gastro-intestinal channel is liable to be disturbed. It must be borne in mind that young children do not expectorate. They may cough up secretions from the lungs, which is very desirable, but this they swallow. The swallowed matter must leave the body either by going the entire length of the alimentary canal or by being vomited. Vomiting or a loose condition of the bowels from such cause is not to be regarded as undesirable. We like to have whatever accumulates in the lung coughed up, and are glad to take our chances upon its being eliminated whether by expectoration, vomiting or a mucous stool. So long as the patient is able to keep his lungs clear of catarrhal accumulations, the prognosis is favorable. It is when the muscles employed in coughing become exhausted, paretic or palsied that we become alarmed. Beside the gastro-intestinal irritation induced by the swallowing of lung secretions, some children, especially those of the rachitic diathesis and the poorly fed or bottle fed, may have in connection with broncho-pneumonia catarrhal gastritis and enteritis with vomiting, tympanitis, abdominal pain and greenish stools. Any of the channels of the body which are lined

with mucous membrane may become inflamed in association with bronchitis, especially is this true with influenzal infection. I have known serious inflammation of the urinary tract to occur under such circumstances.

Treatment.

So much for the commoner features of pneumonia as a complicating disease. Now for the treatment. A caution should be given in every case which predisposes to bronchial complications. The danger of the inflammation extending should be explained to those of sufficient comprehension to understand. Nurslings, weaklings and the aged should be watched with special care and protected by unusual, but sensible, precautions. In some cases, the true nature of which I have not time to consider, atalectasis develops, to prevent which as much as possible the posture of the patient should be changed from time to time.

The sufferer should have his skin kept in good condition, suitable soap and warm water baths. Inhalations of water vapor or medicated vapors sometimes assists in fluidizing the secretions so as to promote their elevation from the lung by coughing. The chest, when not exposed for examination or bath, should be protected by a few layers of soft flannel or a light well fitting jacket made to cover the entire anterior surface.

The proper treatment of the primary disease, measles, whooping cough, diphtheria, common cold or whatever it may be, is the great preventive. Of course, at the head of the list of remedies stands Antimonium tartaricum. Its great suggestive symptom is filling up of the chest with inability to clear it. The subcrepitant rales become smothered by accumulations of phlegm, which provoke choking fits and cyanosis so frequently seen in the aged and in anæmic children. Such individuals are sensitive to cold and may be more or less nauseated. A young mother is now and then mistaken in her child's symptoms. It has broncho-pneumonia, has been annoyed by a severe cough, and has been raising sufficiently to admit of fairly good areation in the lungs; but the cough stops abruptly and the child becomes drowsy. This stopping of the cough and stupidity she misconstrues into improvement. The doctor comes. He observes the cyanosis that is coming on; that the breathing is shallower and more frequent; a pulse previously fast and weak is only a faint but very rapid tremor under his sensitive finger. He notes at once the lungs are filling up, the blood distributed to the too cool body is becoming more and more impure at every flickering heart beat; the sleep is only the coma indicative of poisoning of the cerebral centres. In such a situation there are three things indicated, viz., Antimonium tartaricum, a steady nerve and persistent good care; these alone are the fighting chance.

It is not every case that becomes so much devitalized as those calling for Tartar emetic. Oftentimes the strength holds up fairly well and the cough is effective against the phlegm. Such have not suffered from depraved nutrition to begin with. They are worried down by the severity of the primary infection or have lapsed owing to indifferent treatment and care. They are not cachetic, only decidedly the worse for wear. Ipecac is many times their remedy. It has no antecedent dyscrasia. The rales are coarser than with Antimonium tartaricum. The cough may be spasmodic, but keeps the bronchial network reasonably clear of the loose mucus. If there be nausea we have an additional link in the chain of Ipecac symptoms. Sambucus relieves spasmodic suffocative coughs, especially if the spasms are nocturnal. The cough is accompanied by rough sibilant wheezing and dyspnœa. It would seem to be indicated when the inflammation is just invading the pulmonary capillaries. My personal experience gives me great confidence in this remedy. I administer the tincture in water. Squilla, like Bryonia, has a cough with pleurisy-like pains in the side. There is dyspnœa, which, with the side stitches, are developed by inspiration. Often indicated in the lingering and threatening bronchitis of measles. Lycopodium in lingering cases that do not tend to clear up, with a muco-purulent matter coughed up, or when in subacute cases there is fear of tuberculosis becoming engrafted, it is sometimes very effective. Sanguinaria should also be considered in such types. Of course, good old Bryonia has an invitation now and then to help us out, but the stages of this drug are usually passed before the real lobular invasion develops. The same of Ferrum phosphoricum. But if a new lung territory becomes invaded it will probably be necessary to turn back to them. Phosphorus, which is so apt to have a "stage" in lobar pnuemonia, may also be indicated by incessant cough, scanty secretion when the pulmonic catarrh is predominating over the bronchial. Percussion brings out the dull sound, and inspection detects the shallow, rapid breathing. The blood streaked mucus which results from the stripping off of bronchial epithelioma by severe cough is always inquired about, but this symptom that is not possible in those who do not expectorate is never obtainable in infants. It is possible for Arsenicum, Rhus and some of the other remedies that fringe on the border line of low fever and the typhoid state, which sometimes gets to be the condition in protected cases in elderly people, to be indicated. Kali carbonicum is an old person's remedy with its shivers and sticking pains through the chest. It is one of the "old reliables." I have sometimes referred to Kali carbonicum and Senega as "the old man's bronchial friends."

Time does not admit of further meanderings through the materia medica. A few words about oxygen and stimulants, and this tedious paper will close. Oxygen inhalations are heartily recommended by some; declared of no use by others. I should use them in cases tending towards asphyxia by holding before the face a tube with a flaring or funnel opening. Would use for half an hour or so and then suspend for an equal time. In old people I regard whiskey, brandy, or perhaps better, champagne a valuable agent, not because it is a drug for it is not such in the real sense. It has sustaining powers like food as well as a tendency to whip up the lagging forces. I would select carefully the cases in which to recommend it and administer with caution for, while I deem alcoholics sometimes beneficial, I am conservative in their uses.

DIARRHŒA: ITS ETIOLOGY.

BY W. A. HUMPHREY, M. D., TOLEDO, OHIO.

[Read before the Toledo Homœopathic Club of Toledo, January 7, '08.]

The indifference of the profession to the announcement that our patient has only a diarrhœa is but the expression of an indifference that too often shows itself in our pursuit of medical lore. Twenty years ago the interrogation point stood for very little in the medical mind compared with what it does to-day. Now we are looking everywhere for the reason for things which a short time ago were passed as matters of course, to be expected with little thought to the causation.

Our subject to-night is presumably as old as Adam, although our proof may be lacking. Seeking the causation in so simple a matter as an every day bowel disturbance brings to our notice a large number of factors that our predecessors of the last generation never dreamed of.

By the term diarrhœa we mean those disturbances of the intestinal contents which result in more frequent discharge than normal, and in which the discharges are more soft or fluid than usual. Intestinal digestion is thereby disturbed and is incomplete, the activity is increased and the absorption is diminished, the intestinal glands are over-active with increase of mucus. In the last anaylsis it is an intestinal indigestion, though conditions do sometimes exhibit themselves which make it extremely difficult to determine whether the indigestion be primary or secondary to an organic intestinal disturbance. Normally the processes of gastro-intestinal canal should be adapted to the ingested food. The functions of the digestive glands are set in motion by chemoreflexes generated by the quantity and quality of the ingested food and drink. The epithelia of the intestines facilitate the propulsion of the products of digestion, and their villi dip into the chyle, just as the roots of plants dip into the earth which furnishes their food, taking from it water, salts and other nutritive products which digestion has made fit for absorption, and which the organism requires for the structure of its tissues, for its growth, its development of force, the rehabilitation of what has been wasted, and for the formation of heat. The unused remains of the chyle, the residue of food, the product excretion from the liver and the intestines, permeated by an enormous number of bacteria are excreted by the intestines as fæces.

The proportion of secretion and absorption under normal conditions is maintained by nature's process, but this proportion has its limits, and is not absolute, so that every individual is a law to himself as to what shall constitute a disproportion between force and amount of the digestion and absorption in the intestinal canal. When there is an excess of chyle not taken up by digestion and absorption it irritates the intestine resulting in increased peristalsis and diarrhœa.

True diarrhœa is said to be due to irritation of the colon. The normal movements of the bowel are due to the stimulus of the contents of the bowel, but the same stimulus may come from the irritation of chemical products of fermentation and decomposition. Experiment has proven that of the intestinal gases hydrogen and nitrogen are indifferent, while carbonic acid, marsh gas, and sulphuretted hydrogen cause severe intestinal movements.

Bokai found among the products of proteid decomposition that indol has but slight action, and phenol none at all upon intestinal movements, while skatol produced severe intestinal spasm.

The fact that investigations of the composition of the fæces proves that presence of a large quantity of bacteria makes the study of their relationship to intestinal indigestion one of such importance as warrant us in giving serious consideration to them in a paper of this kind. Billroth has shown that at birth the intestine contains no bacteria, but that each hour of extra-uterine life increases the number conveyed into the intestinal canal of the nursling. "As a rule, this invasion does the organism no harm so long as the infant is nourished by the mother's milk or that of a wet nurse." The very great sensitiveness of the intestine to other foods, to cow's milk or to substitutes for milk and the marked tendency to infantile diarrhœa with its heavy mortality during the early years of life, are largely attributable to the abnormal invasion on bacteria.

It goes without saying that the best food for newborn animals of all species, if sucklings, is the mother's milk, all other forms of food having been proven to be so laden with bacteria as to hazard the life of the offspring, resulting in much greater mortality than the natural mother's milk.

The experiments of von Behring are interesting and instructive in this direction; that authority showed that an epidemic of dysentery among calves fed upon boiled milk was due to the presence of bacterium coli, and that the best prophylaxis was fresh milk from the mother cow immediately after the birth of the calf. We are all aware of the immense advantage to the infant whose bowels are diarrhœic of having a good wet nurse. In the mother milk there seems to be an inherent quality which is of decided advantage to the offspring. Von Behring found isopathically in the blood of animals, developed anti-bodies for the most important intestinal bacteria; that is, for the bacterium lactis and the bacterium coli. "These protective bodies as also the albumens and the globulins of the blood and milk enter the milk from the blood, and v. Behring, in fact, demonstrated that fresh milk from the cow has a very active anti-body antagonistic to the bacterium coli, and a weaker one to protect it from the bacterium lactis. The bactericidal property of the milk is less than that of the serum, corresponding to the smaller percentage in blood albumen. These anti-bodies are destroyed by boiling the milk but not by digestion; they may, therefore pass through the intestinal wall of the nursling into its fluids unchanged."

Acting upon these findings von Behring constructed the process of milk preservation by adding to it formalin 1 to 5,000 or 1 to 10,000, and it is reasoning along similar lines that Pasteurization is practiced; both of which have proven makeshifts and detrimental to the digestibility of milk, resulting finally in the attempt to produce a milk that is comparatively clean and free from bacteria, the de-

tails of which are familiar to us, no doubt. With the advancing age of the nursling the organism produces certain protective products, consequently the resistance of the intestinal wall is increased, and it is no longer a mere filter passing through its pores whatever comes to it; in other words, it develops a discriminating faculty in the selection of foods and rejecting bacterial invasion so long as the normal integrity remains unimpaired. The character and number of bacteria in the intestine are by no means uniform, those in the small intestine are mainly generators of fermentation, attacking the carbohydrates, and while forming lactic, acetic and succinic acids and ethyl alcohol from the carbohydrates the albumen in the small intestine is but slightly decomposed by microbes in this region. Proteid decomposition, on the other hand, is paramount in the colon with such products of decomposition as indol, phenol, skatol, volatile fatty acids, aromatic acids, ammonia, carbonic acid, methane, sulphured hydrogen, etc., etc. Under normal circumstances fermentation and decomposition of food in the intestine do not exclude each other, although their location is different. If from pathologic conditions there is stasis of chyle in the small intestine decomposition of proteids occurs there leading to increase of indican, etc., etc., in the urine. Much more frequent, however, than decomposition of the small intestine is the fermentation of the large intestine, because of the many forms of food half masticated and consequently half digested by the small intestine, particularly the starch-producing and the cellulose containing variety.

The number and variety of bacteria in the intestines are beyond comprehension. J. Strasburger estimates that they represent one-third of the total solids of the fæces of an adult fed on an easily digested food. Eberle could only develop 10 per cent. of those found in the fæces, and among those capable of development the majority belonged to a few constantly recurring forms. By administering sterilized food only the bacterium lactis and the bacterium coli could be cultivated in the fæces, and we recall that against these the nursling is protected by the anti-bodies in the mother's milk. The others are slain by the antiseptic action of the numerous fluid excretions of the various glands that pour their secretion into the intestine. The process of fermentation and decomposition in the intestine are greatly influenced by the food. The fæces of the healthy nursling are acid in reaction. Decomposition increases when nurslings are fed on cow's milk, the consistence is changed, the stools become firmer and they are alkaline in reaction, and the odor is that of decomposition. Fermentation and decomposition in the intestine become more marked as the child is fed ad libitum, the solids rise from one per cent. to five or even six or seven per cent. of the total solids. The presence of clumps of curd in the fæces of milk fed nurslings is the signal for trouble soon to follow, furnishing, as they do, a two-fold source of disturbances, viz., an irritant action by their presence,increasing the peristalsis, diminishing the time for competent digestion in the intestine, and also furnishing lodgment for the bacteria within these clumps with the consequent rapid multiplication of these bacteria whose action is abnormal fermentation or decomposition. According to the nature of the food ingested in overfeeding will be the surplus product of fermentation or decomposition. An excess of carbohydrates will result in an acid diarrhœa, while an excess of proteid decomposition will result in a fetid discharge. Adults who from love of overeating or from ignorance of the laws governing the demands of the body suffer much the same way from constant over distention of the stomach and intestine as does the overfed child; the intestine is constantly irritated by the presence of food not properly prepared for assimilation. It is hurried through the canal acting as an irritant laden with bacterial growth, whose nidus is the deleterious residue in the intestine. Over distention of the normal digestive organs produce no symptoms for a time except the profuse and frequent compact, soft dejecta. This increased formation of fæces with a tendency to diarrhœa, which sooner or later passes into an habitual diarrhœa, which may continue indefinitely and often without any apparent deleterious effect upon the general nutrition of the patient.

The significance of this persistent tendency is not always apparent to the average patient until it has fastened itself upon the victim and he finds himself firmly within its grasp only to realize when it is too late that he is the victim of a chronic diarrhœa, the result of a crippled intestine, to be followed by injury to other organs, as the liver, the kidneys, the heart and the vessels whose nutrition have been lessened by this process. To the chronic diarrhœa is added flatulence, and the inflation of the abdomen, borborygmi of the intestine, the frequent discharge of disagreeable gas rendering the patient very miserable. The constantly distended intestine loses itse tone, especially the colon, and this atony manifested by the bloated and over distention of local portions of the intestine shows the underlying diseased condition.

Heavy food, poor in nutritive value and rich in residue produces temporarily a sense of satiety, but soon an additional demand for more, because of the hunger of the tissues, which, if satiated by the same quality of food, will be followed by distention of the intestine acting as an irritant with results as above shown. Chronic intestinal dyspepsia which runs its course with diarrhœa caused by habitually over loading is occasionally opposed by an acute form of diarrhœa from quantitative error in diet, as from over eating or over drinking.

In this case the intestine is soon relieved by the acute diarrhœa which is set up by the obnoxious food. Again we may have an acute attack from a qualitative error without any excess whatever.

With stomach functioning normally and with food hygienically selected a diarrhœa may follow from the excess of drinking of water, tea or any other fluid which hurries the food from the stomach into the intestine unprepared. The same result may follow a buccal or gastric dyspepsia, or in exceptional cases it may accompany certain nervous conditions. Hypermotility of the stomach with normal function fills the intestine with illy prepared chyle. The absence or excess of any of the secretions necessary to digestion is a factor to be reckoned with

in summing up the causative factors in the production of diarrnœa.

The greatest irritation of the intestinal wall is that produced by the bacterial toxins, which are recognized as strong poisons. Toxic diarrhœa in consequences of poisoning from meat, sausage, fish, mushrooms, potatoes, beans, etc., etc., is more rarely observed than the sporadic forms, those occurring in families, or entire districts, the so-called diseases of the masses. These alkaloids of decomposition and cadaveral alkaloids, so-called ptomains, do not develop under normal conditions of intestinal decomposition in tne body. Briger found that even under pathological conditions ptomain formation very rarely occurs in the intestinal canal itself, but that it does invariably in cholera, and in a peculiar anomaly of metabolism, cystenuria. These toxins are of great toxicity only after prolonged decomposition reaching their height on the third day and thereafter.

Chemical substances and poisons introduced from without irritate the intestinal wall just as do the products of bacterial action increasing the peristalsis and the flow of intestinal juices resulting in nyperæmia and inflammation and diarrhœa. Many of the milder laxatives act only by increasing the peristalsis of the colon, and consequently freeing only that part of the bowel and producing a fæcal diarrhœa. The thin fluid dejecta are due to rapid propulsion through the intestine, and consequently there is diminished absorption of water. Cohnheim has shown that "In spite of the existing osmotic difference in pressure, the current of diffusion from the intestine is only in the direction of the vascular tract and not in the contrary direction, because the normal intestinal wall is impermeable to the fluids of the body." Both the power of absorption and the unpermeability of the wall to the fluids of the body may be destroyed by strong poisons, such as arsenic, sodium fluorid, drastic purgatives, acids, alkalies, metallic salts, etc., etc. When this damage to the epithelium has been done the diffusion follows the physical laws, and fluids flow into the intestine. Diarrhœa is some times produced by way of the blood, as in the rare case of surgeons who contract through the frequent use of antiseptics upon the hands. The diarrhœas which occur at the onset of many acute infections, such as septicæmia in pneumonia, erysipelas, malaria, are due to blood influences. There are no pathological changes in the intestine. The diarrhœa in uræmia and nephritis is due to urea excreted into the bowel, where it is transformed into ammonium carbonate, which is very irritating to the mucous surface. Diarrhœas accompanying or following certain nervous disturbances in which there is no pathological condition present in the intestine, are due no doubt to the gastro-intestinal nerves, whose function has been disturbed by some shock sent to them by the nerves. We get a diarrhœa also from rectal ulcers and from other rectal irritations, which are no doubt reflex in their action upon the bowel above the rectum.

Gossypium

Will relieve tardy menstruation, especially where there is the sensation that the flow is about to start, and yet does not do so.

A CLINICAL STUDY OF PULMONARY TUBERCULOSIS.

BY A. W. CALLOWAY, M. D., ASHEVILLE, N. C.

Second Paper.

There is nothing so important in connection with pulmonary tuberculosis as its early recognition, and there are more difficulties confronting a diagnosis at this time than any other.

To commence with, perhaps, not ten out of one hundred, during the first month or two of infection, present themselves for an examination.

Even with ten who do come under treatment, it may be difficult to establish a diagnosis in our own minds, and much more difficult to convince the patient of his condition.

Nevertheless, we ought to exhaust every means of diagnosis in suspected cases and, at least, acquaint the patient with our suspicions and adopt, if nothing else, a prophylactic treatment.

The family and personal history will guide us to susceptible cases. We do know that tuberculosis, more often, infects those of tuberculous families, and, therefore, even a slight cough or rise of temperature above normal in such a subject should call for a thorough examination.

Another point of inquiry is whether the subject has been living in a dwelling previously occupied by a tubercular person.

On the other hand, should the family history and surroundings be good, we ought not to call a slight rise of temperature or cough bronchitis, but suspect tuberculosis.

In my first paper I emphasized the necessity of a thorough examination, but will mention again the earliest signs of tuberculosis; which are moist or dry rales, diminished respiratory murmur, dulness, and these usually in the apices, although they may occur anywhere, in one or both lungs.

By far the most important examination in early diagnosis is the demonstration of tubercle bacilli in the sputum.

A few years ago those who were prone to make light of the bacilli would ask if they were not also found in non-infected individuals?

I wish to say most emphatically that the tubercle bacilli are not found persistently in the sputum of those who are without infection.

It seems almost unnecessary to make the above statement, and yet I see case after case well advanced into the second stage, thinking that they have a bronchial trouble, when the sputum has never been examined.

It might be possible to inhale the breath of a tuberculous subject, and then in the course of twenty-four hours examine the sputum, which would more than likely show a few bacilli, hence the necessity for repeated examinations of the sputum before giving an opinion in a questionable case.

In making a sputum examination, about ten fields should be examined to each slide and the number of bacilli recorded. If, then, a record is kept, we will have a guide, at least, worth something, of the patient's progression. If there are

but few bacilli, the specimen should be centrifuged before it is stained.

In regard to animal experimentation, by means of which a guinea pig is to be inoculated with a suspected fluid, I will but mention it, as this method is beyond the scope of the general practitioner.

Should the patient exhibit no tubercle bacilli in the sputum nor even expectorate none and there should be present one or two of the physical signs, with or without cough, or a rise of temperature, and should we then feel, by the presence of a slight hæmorrhage, that there may be a tuberculous focus, we have left but one reliable test and that tuberculin.

Many hesitate about making the tuberculin test, feeling that it would either aggravate the present condition, or precipitate a new attack. Statistics gathered from experienced men prove that such is not the case.

Occasionally we hear of a physician who delights to inform his patient of the dangers of tuberculin, and usually has a case to relate, in which grave symptoms were produced.

I have yet to hear a physician who uses tuberculin with the same care that he uses arsenic or mercurius bichloride, report such instances.

While it is true that the tuberculin reaction occurs in a small number of cases where we cannot demonstrate a tubercular focus, it is also true that post-mortems show there are frequently tubercular foci which have never been suspected during life.

It is asking too much of any diagnostic test, physical, chemical, or physiological, to demonstrate its particular point of inquiry in every case. It is valuable if it proves efficient in a large percentage of cases.

The homœopathic profession lags behind when it does not thoroughly investigate a test so well established as tuberculin, and it ill behooves us to sit back and throw critical, theoretical darts without investigation.

Personally, so fully convinced am I that the tuberculin test is diagnostic, should it be given to me or a member of my family and reaction take place, I would be convinced of the existence of a tuberculous focus.

It is easier to clothe ourselves in the security of the ordinary diagnostic methods and the medication, feeling all is well, than to investigate along with the advanced thinkers.

Such an existence is in a way parasitic and unwholesome to ourselves and clientele.

I have noticed a few X-ray specialists who claim to have been aided by the X-ray in locating consolidated masses. I do not believe that it is any more conclusive evidence than that obtained by percussion or oscultation.

While we can detect the presence of a person by his voice, after all, "seeing is believing," and therein lies some little advantage in the skiograph. On the other hand, should the focus be small, the skiograph may not show a shaded area and consequently be misleading.

The question is sometimes put by the general practitioner, whether it is worth while to investigate as fully as we have recommended, advancing the argument that so rigid an examination is apt to have a bad psychical influence on the patient.

While it is true that many object and fear the result of an examination, it is not true that an unconfirmed suspicion, which they all have, is any better than the truth.

Many a poor business man does not seem to care and would rather not know how much he owes, but we well know that such a plan is financial suicide.

The important diagnostic symptoms of pulmonary tuberculosis are cough, rise of temperature and hæmorrhage. Of the first two, neither are diagnostic, but they are confirmatory and must be considered.

Hæmoptysis always suggests tuberculosis, and cases with hæmorrhage from the respiratory tract below the larynx, prove so overwhelmingly tuberculous, that it is well nigh conclusive evidence of the existence of a focus.

Were it not for the fact that in cases with pulmonary hæmorrhage, they are so frequently told that the bleeding is from the throat or bronchial tubes, implying that it is not tubercular in origin, I would not dwell upon it longer.

A physician naturally prefers to calm his patient, and, as usual, with the first hæmorrhage he finds no physical evidence upon examination and, therefore, declares that it is not a symptom of any serious lung trouble; whereas, as a matter of fact, such is not the case, lung trouble is already there.

It is important, therefore, in cases of hæmorrhage to be very guarding before declaring that it does not indicate tuberculosis.

In regard to temperature, I would not consider the symptom of value unless taken every two hours during the day for a week, or, perhaps longer.

The purely tubercular temperature is intermittent; the rise usually coming on toward the middle of the day and reaching its maximum during the afternoon, hence the necessity for frequent observation.

As the fever is often confounded with that of other diseases, in the next article I expect to write upon its differential diagnosis.

The anæmia, loss of weight, lack of appetite, indigestion, low leucocyte count, acceleration of the pulse, with lowness of pulse tension, are all symptoms of a confirmatory nature; not diagnostic, but to be considered.

It would require too much space to enlarge upon each and every one of them in an article of this kind.

It is the intention of the writer, if possible, to consider the subject only so far as is practical to the general practitioner.

Viburnum Prupifolium

Is the remedy to be thought of when there are expulsive uterine pains and muscular cramps—dysmenorrhœa, due to unnatural contraction of the pelvic muscles.

Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

PULSATILLA.

Cerebro Spinal Centric. - Venous Hyperæmia.

Pulsatilla Nigricans native is of Europe. The Pusatilla Nuttalliana, the American plant, differs very little in pathogenesis. This is the Anemone, the pretty little pink flower, the first wild blossom of spring that peeps up even through the snow drifts, heralding the approach of the season of sunshine and flowers, smiling in the face of winter even as the gentle face of the Pulsatilla patient smiles sweetly ere the tears of sorrow and care are dried upon its fair profile. Another name for Pulsatilla is the "Wind" flower, and how typical of the wind is the temperament of this gentle patient. just as changeable. now blowing warm, now blowing cold, now happy and anon miserable, a creature of April moods.

Her pains, too, are as fickle and changeable as her moods. appearing first here and then there, first in one part of the body then in another.

Mentally. she is a creature of moods and of tenses, but never malicious or unforgiving. And as her body never gives forth any but bland secretions her mind never secretes an acrid or malicious thought. She is fat. phlegmatic, fair. with April moods and fickle pains. Her circulation is sluggish and the veins are generally congested, showing through the thin. clear skin like those of Lycopodium and Sepia.

In the olden times all except the aristocrats worked in the fields and at manual labor, so the skin became thick, rough and opaque. The few aristocrats lived indoors and their skin was fairer and thinner and mirrored the blue veins beneath. Such people were called "blue bloods" and still are, but their blood was no bluer than others. only the blue was more apparent. The Pulsatilla patient is a pronounced blonde.

The drug acts principally upon the mucous and serous membranes, upon the digestive tract and the female sexual organs.

Mucous Membranes.

Catarrhal inflammations of any mucous membranes, sub-acute in character. never violent in manifestations, secreting a thick, yellow bland mucus, sometimes tinged with green. So this discharge may indicate the drug in ophthalmia, otorrhœa. gastritis, diarrhœa. gonorrhœa, or leucorrhœa.

Dyspepsia.

Indigestion following our eating of rich foods.
Pulsatilla.
Patient is worse from
Pork,
Preserves,
Pastry, including
Pies and
Puddings,
Pickles. Better,
Pure air,
Perigrinations has
Prolapsus with
Pressure in back, as a stone, also
Pale face, no thirst and chilliness with fever.

Synovial Membranes.

Sub-acute rheumatism, with synovial pains. shifting pains that jump from place to place. Worse. warmth; better, cold.

Sexual Organs.

Delayed and scanty menstruation, or menstrual suppression, a condition of sexual torpor.

Dysmenorrhœa.

Pulsatilla has the typical dysmenorrhœa of the chlorotic sexually undeveloped girl more prominently than any other drug. With the intense bearing down pains, radiating to back and hips just like the pains of the dilating stage of labor, the typical pain of obstructive dysmenorrhœa, associated with a feeling as though a stone were pressing out against the back.

There is another sort of dysmenorrhœa that Pulsatilla suits, that is the sort that is always associated with stomach and bowel reflexes.

In which there is acute dyspepsia or diarrhœa of mucous character ushering in each menstrual flow.

Comparisons—Cimicifuga

(or Macrotin), where the patient is rheumatic in diathesis, distinctively so, and the menstrual pains partake of that character.

Nux vomica.

Short, sharp. spasmodic pains, with sympathetic disorder of the stomach. Vomiting. with menstrual flow. Nux patient.

Cantharis.

Menstrual blood has shredded look. Cystic tenesmus.

Platina.

Cramping pain, black blood. Hypertrophy of the ego. (Note.—Relieved the wife of a prominent homœopathic doctor with Platina, who said when I gave it, "never thought of Platina for dysmenorrhœa.").

Magnesia phosphorica.

Irritable, muscular fibre, spasmodic tendency in all sicknesses. Dose. night and morning, during the interim.

Veratrum album.

Cold sweat. with pain.

Colocynthis.

Spasmodic dysmenorrhœa better heat and pressure (Magnesia phosphorica).

These are only a few grand clinical characteristics that I have tested over and over again.

Pulsatilla is one of these grand polycrests, which, while covering a large clinical area, has such marked individuality like Aconite, Ignatia and some others that a knowledge of the personality of the

Pulsatilla patient and his grand characteristics, his "pivotal symptoms," will guide you unerringly to the remedy at the proper time.

To resume, these pivotal characteristics are:

1st. Fat, fair, flabby patient, with blonde hair, blue eyes, changeable disposition, always in the garret or the cellar.

2d. Sluggish, venous circulation, associated with all symptoms.

3d. No thirst and chilliness with all symptoms, even fever.

4th. Catarrhs of all mucous membranes, with thick, bland, yellow, profuse discharges. (Also thick, bland thoughts.)

5th. Acute indigestion after rich food with white, pasty tongue.

6. Scanty, delayed menses, with spasmodic dysmenorrhœa.

7. Aggravations and ameliorations same as other venous hyperæmias, better tonic influences (walking in open air, consolation, etc.), worse atonic influences (sedentary life, worry, etc.).

Also, remember that Pulsatilla may be useful in acute inflammation of testicle or mamma. Also in gonorrhœa, with thick, yellow discharge if the other symptoms accord.

POTASH SALTS.

Kali Bichromicum.
Kali Bromatum.
Kali Carbonicum.
Kali Causticum (Causticum).
Kali Iodatum.
Kali Muriaticum.
Kali Phosphoricum.
Kali Sulphuricum.
Kali Permang.
Kali Chlor.

} Tissue Remedies

- Related Remedies.
- Graphites, Antimonium Tart—both contain Potash.
- No fever.
- Mucus Membranes.
- False Membranes.
- Prostration.
- Paresis.
- Glands.

Compare False Membranes. Halogens. Mercurius.

Compare Paresis, Metals.

Compare Catarrhs, Antimonium tartaricum, Arsenicum, Mercuries, Antimonium crudum, and Hydrastis.

General Analysis.

All the Potash salts exert a thinning, liquifying effect upon the blood, all of them produce catarrhs, which tend to go on to ulceration, most of them produce glandular enlargements and some of them paretic symptoms. Hence they are very near akin to the metals in their clinical use.

As a rule, fever is not found in their pathogenesis, and while the presence of fever does not positively contra-indicate them, its absence is often a negative suggestion looking in their direction.

They all, I believe, have a two A. M. aggravation, especially those which are homœopathic to respiratory diseases.

Potash produces muscular relaxation and weakness, this involves the heart muscle, and in some diseases the pulse soon becomes weak, and the muscles atonic, even paretic or paralytic, and there is a condition of depression present, tending to a subnormal temperature.

This heart and muscular weakness, with subnormal temperature, and the tendency to the formation of false membranes gives us a complete picture of a typically developed case of diphtheria.

As an escharotic Potash produces a deep slough, and the ulcers cured by these Salts are round, smooth, moist and deep, as though gouged out by the finger-nail. See Nitric Acid.

Three of these Salts—the Phosphate, Sulphate and Muriate, are tissue remedies—and they will be appropriately studied in that connection.

KALI BICHROMICUM.

The Bichromate of Potash produces a catarrhal inflammation of mucous membranes, especially those of the "Columnar Epithelium" type. This catarrh is characterized by the formation of quantities of thick, viscid, tenacious, stringy mucus. This grand pivotal characteristic is the key to almost its whole clinical use. This catarrh being a feature of the nasal catarrhs, its sore throats, its stomach ulcers, its dysenteries, otorrhœas, its gonorrhœas and its leucorrhœas.

These catarrhs may be associated with deep "punched out" looking ulcers, or these ulcers may appear idiopathically to indicate it.

It is oftenest indicated in children's diseases—membranous or catarrhal croup, or diphtheria, and the Kali bichromicum child is typically fat, fair and chubby. (Compare Spongia, Bromine, Calcarea carbonica.)

Respiratory Diseases.—Membranous Croup.

The thick, viscid secretion, provoked by the Kali bichromicum inflammation, will, in aggravated cases, seem to become fibrinous and organized, simulating, almost exactly membranous croup, for which is one of our sheet anchors. The victim is a fat, chubby blonde, the cough is dry, harsh, metallic, expectoration like boiled macaroni, aggravation at 2 A. M., choking, suffocating spells, the membrane being thick and tough—and threatening to destroy the lumen of the trachea.

Analogues.

See The Halogens.

Diphtheria.

Thick, yellow, feathery, tough membrane; viscid, stringy expectoration; physical depression with normal or slightly sub-normal temperature; two A. M. aggravation; deep sloughing ulcers.

Analogues.

The Halogens, the Mercuries, the Snake poisons, etc. See Mercuries.

Tonsillitis, Bronchitis, Pneumonia.

Indicated in the latter stages, when there is profuse, viscid, stringy expectoration, metallic cough. Two A. M. aggravation in fat blondes, be they child or adult, being, as appears, indicated by the characteristics of the drug.

Analogues.

See Mercurius.

Bronchitis. See Bryonia.

Pneumonia. See Bryonia.

Alimentary Tract.

Round perforating ulcers of the stomach, or stomach catarrhs, with vomiting, characteristic Kali

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bichromicum mucus, associated with jaundice, pimply face, gastric irritability, bloating of the epigastric region, watery diarrhœa.

This gastric condition is often associated with a headache which comes on with blindness. The blindness disappearing as headache develops. (Blinding headaches, compare Gelsemium, Natrum muriaticum, Iris versicolor, Psorinum, Silicea.)

Gastric Analogues.

See Nux vomica.

Dysentery.

Coming periodically in the spring and summer, stools brown or watery, mixed with blood or stringy mucus, and associated with great tenesmus. Two A. M. aggravation and tongue is dry, red, smooth and cracked, as though varnished, and then cracked by exposure to heat.

Ulcers.

The round, deep ulcers, characteristic of the drug, may distinguish it in ulcers of the cornea, throat or stomach. These ulcers may, or may not, be of specific origin. Follicular Pharyngitis.

Causticum.

The Potash weakness and the Potash paralysis find their highest development in the cases calling for Causticum. The drug seems to have this power through its action on the medulla oblongata, and it is exerted most prominently over the area over which is distributed the Recurrent Laryngeal nerve. In addition to its power in its depressing effect upon the muscular system and associated with it, forming part of the completed picture, we find a well-marked mental state, characterized by great timidity and fearfulness. The patient is in a constant state of apprehensiveness, which is most marked at twilight and at bed time; at the times when hob-goblins run about.

Though the drug may be indicated by a general paralysis, its chief characteristic calls for "paralysis of single parts."

For cause of many of its affections, look to dry, cold exposure, and in both catarrhal and paralytic diseases it is apt to follow Aconite.

The paralysis of single parts, accounts for the following symptoms:

1st. Catarrhal aphonia.

2d. Cannot raise the expectoration, but is obliged to swallow it.

3d. Ptosis.

4th. Spurting of urine, with cough.

5th. Enuresis during first sleep.

6th. Difficult defecation, must stand and strain severely to pass stool.

7th. Paralysis of one extremity, of gouty or rheumatic origin.

Associate these paralytic features with catarrhs and rheumatism from exposure to "dry cold" and you have the genius of the drug fixed in your mind.

Catarrhal Aphonia.

Aphonia, partial or complete, after dry cold exposure (compare Ammonium causticum). Dryness and sensitiveness of throat, hoarseness, rawness, scraping (compare Nux vomica), dry, hollow cough. Expectoration greasy, soapy (like the slough from a Potash ulcer), it is hawked into the larynx, but involuntarily swallowed, loss of urine with the effort of coughing, cough relieved by cold drink.

Comparison.

Phosphorus, inimical, evening hoarseness, a sore larynx; Causticum, morning hoarseness and soreness under the sternum. Causticum, paralytic symptoms; Phosphorus, none.

Carbo vegetabilis.

Very similar, evening hoarseness, but looks for cause in damp air.

The above symptoms of Causticum show it to be peculiarly adapted to the throat troubles of singers and speakers, in which compare Graphites, Sulphur, Arum triphyllum, Rhus toxicodendron, Kali bichromicum, and Argentum metallicum.

Rheumatism or Gout.

Following Aconite or Rhus after dry cold exposure, rheumatism of single parts, great stiffness or paralysis, contractions of tendons, restlessness at night, drawing pains in the muscles, soreness of the parts lain upon. Compare gout; Guaiacum; contraction of tendons, drawing the limbs out of shape, aggravation from motion, gouty nodosities.

Colocynthis.

Articular rheumatism or gout when the joints remain stiff or unwieldy, and there are boring pains.

Ledum Palustre.

Small joints affected, pains travel upward, they are worse from the warmth of the bed, scanty effusion threatening into nodosities.

Fluoric acid.

Rheumatic lameness, weakness, numbness.

KALI CARBONICUM.

This drug acts principally upon the mucous membranes, producing a dry catarrh, and sticking pains; this is associated in a high degree with the Potash debility and the early morning aggravation. It is principally useful in such catarrhs, affecting the respiratory or mucous membranes, and should be compared with Nux vomica and Bryonia in dry catarrhs.

The most characteristic isolated symptom of the Kali carbonicum patient, is a sac-like swelling over the eyes, at the inner side of the upper eyelid.

Dyspepsia.

Dry dyspepsia of the aged (moist Antimonium crudum), patient weak, anæmic, and easily exhausted, backache with all diseases, faintness, sour eructations, nervousness and heartburn before eating, during meals sleepy and after meals flatulent belching, is putrid but relieves.

These symptoms are very much like those of Nux vomica, and much like those of Carbo vegetabilis and Lycopodium.

It also has constipation, with ineffectual urging like Nux vomica, and "sheep's dung" discharges like Opium and Plumbum.

Analogues.

Dyspepsia and constipation. See Nux vomica.

Respiratory Symptoms.

Cough, worse two or three A. M., with stitch pains in the lower part of the right lung, puffy face, tenacious expectoration of small round lumps, stitch pains, appearing independent of motion, under Bryonia only with motion.

The Other Potash Salts.

As these articles are intended purely as clinical helps, the remaining Potash Salts can be disposed of in a few words. The Kali muriaticum, Kali phosphoricum, and Kali sulphuricum are tissue remedies, and can be eminently treated in that connection. We are all familiar with the use of the Chlorate and Permanganate as anti-syphilitics, and throat and mouth gargles, and with the recent use of the latter as an antidote to snake poisons and Morphine. Also with the antidotal action of Kali hydriodicum to the syphilitico-mercurial diathesis; it is also indicated in a form of acute nasal catarrh, with acrid nasal and ophthalmic discharge, associating it with Arsenicum, Euphrasia, Rhus, Mercurius corrosivus, and other drugs. Kali bromatum is indicated homœopathically for facial acne, appearing especially on the forehead. It also is useful in certain cases where it is necessary to wash out the stomach, but where the pharyngeal reflex is so active that the tube cannot be introduced; physiological doses of Bromide of Potash will suspend this reflex as long as necessary. In using these less important Kalis the heart and muscular weakness, the general apathetic and atonic condition, and the vital depression, share in a tendency to sub-normal, temperature found under all the Kalis should be borne in mind as important guides.

Legislation

THE SINGLE BOARD OF MEDICAL EXAMINERS FOR TEXAS.

BY M. W. HENRY, M. D., WAELDER, TEXAS.

What was the underlying purpose of the movement to establish a single board of medical examiners? Was it because the former law creating separate boards for each recognized school was not strictly just to the various schools of medicine and their patrons, and which was in strict uniformity with that wise provision of the Texas constitution, that provided that there should never be any legislation enacted that discriminates between the different school of medicine? The single board act of the legislature is unconstitutional, in the fact that it does discriminate between the schools by giving one school a much larger representation on the board than any other school. Could a plausible pretext be raised that the separate board law was repealed as an act of economy to the State? No, they entailed no expense upon the State. They were supported by their respective schools by office fees. Does any thoughtful, candid person believe that the principal promotors of this cunning scheme are real philanthropists and feel any earnest zeal to promote the general public welfare, or would it not be more likely to be instigated by an insignificant faction of the dominant school, led by the most arrogant, bigoted, selfish and mercenery members of their organization, and it is patent to me, that the ulterior purpose is to establish a dictatorial, mercenary and tyranical trust over both the medical profession and the general public, by which they expect to dictate the fees to be paid for medical services rendered, and there will be no other class of physicians left outside to protest against their merciless exactions, or to whom the people can appeal for relief, for they will have swallowed up and digested all other classes or sects of physicians.

If these men succeed in carrying out their nefarious designs, they will establish a medical trust as far reaching and exacting in medicine as the oil trust is in commerce. History teaches us that wherever absolute tyrannic power has been vested in a sectarian body, that power has always been used to oppress the weaker sects. I do not believe that history furnishes a single exception to the rule where they have retained the power for any considerable period of time. Let us return to the more specific consideration of the unjust and inequitable features of the one board bill passed by the last legislature of Texas. It provides that the Governor shall appoint eleven members on the board and that the self-styled "regulars" shall have five members, the eclectics two, the Homœopaths two, the physiomedicals one and the osteopaths one. This board is vested with plenary powers over every sect in medicine and in everything pertaining to medicine over the non-professional class. It is as vile a trust as ever cursed a nation of people, taking from them some of their most sacred national rights, such as the choice of a medical advisor and the choice of the medicine that we use.

There is even now onerous strictures being laid on the purchase and sale of some of the most common articles of the materia medica, such as our grandmothers used in their families with great benefit and but little cost. How long will it take at the present rate of progress of restrictive medical legislation for the druggist to be debarred from filling any prescription or medicine without an order or a prescription from a physician belonging to the cult or trust. It does seem that any one but a blind man could see that we are drifting into a medical despotism. Is it not time that the great common people, the masses, arouse from their apathy and stop the mad career of these medical demagogues before medical liberty is entirely blotted out?

I believe that by introducing a hypothetical board of examiners and modeled after our Texas medical board, I can make the unjust and inequitable nature of such legislation clearer to the untrained mind than by words and arguments. Let our legislators conclude that we have too many interpretations of the Gospel of Christ, and that it is their duty to unify them all under one general authority to settle all questions in dispute among Christians

so that peace and harmony might prevail among them. They agree among themselves that the most practical way of obtaining this uniformity of doctrine is to instruct the governor to appoint a board of ministerial examiners whose duty it shall be to examine all candidates for the ministry as to his literary, moral and doctrinal qualifications, and if approved, he shall be granted a certificate of qualification to preach the Gospel of Christ. The examiners shall be distributed among the various Christian denominations as follows: The Catholics, five; the Methodists, two; the Baptists, two; the Presbyterians, one, and the Episcopalians, one.

The governor is influenced some in making the appointments by the number of communicants claimed by each sect, and as he desired to be fair and the Catholics claim to have the largest numbers, so he gave them the largest representation on the board. To preach the Gospel doctrine without a certificate of proper qualification from the ministerial examining board is declared to be a misdemeanor and punishable by fine or fine and imprisonment. A board thus constituted would certainly seek unity of doctrine by making it conform to the standard set up by the Holy Catholic Church. Is there any person so mentally stupid as not to see at a glance that such legislation would be grossly discriminative in favor of Catholicism, and that it would be extremely unjust and repulsive to all minor sects of Christians? Such legislation as I have supposed to be enacted in this hypothesis would meet with universal execration, and a wave of indignation would sweep over this country from Maine to California, and from the Great Lakes in the north to the Gulf of Mexico in the south, and drive into retirement and obscurity every politician who was known to favor such unjust and inequitable legislation.

Medicine has its sects as well as Christianity, which are founded on material differences in their manner of treating diseases. They have their patrons who have rights as well as the Christian, and are justly entitled to equal freedom, of the choice of school and physician, but it is plain that the late Texas one board also grossly infringes their sacred rights, and will, if it is retained in our statute book, create a medical trust as far reaching as the Standard Oil Trust, and its baleful influence will reach into every home and to every fireside. Let us remember that all trusts are organized for the purpose of extorting money from the public.—American Medical Journal.

Problem of the Suprarenals.

Rolleston considers the three principal views that have been put forward as to the functions of the cortex of the suprarenal gland: (1) That it is connected with growth and development, especially of the sexual organs; (2) that it is antitoxic; (3) that it plays some part in the elaboration of the secretion of the medulla of the gland—adrenalin. The first of these he considers the most definite point about the cortex. With regard to the medulla by its provision of a pressor substance—adrenalin—which acts on the sympathetic nerve endings, it forms a conspicuous part of the hypertensive glandular system. Its efficient cells, however, the chromophil and chromaffin, are also found elsewhere in contact with the sympathetic, which explains the fact that Addison's disease is not always manifest when there is destruction of the adrenal medulla, and that Addison's disease may be present when the adrenal medulla is not obviously affected. He considers the possible pathologic relations of the internal secretion of the medulla, under (1) alteration in quantity, e. g., (a) absence, (b) diminution, and (c) excess, and (2) alteration in quality. The paper is very closely reasoned and does not lend itself readily to abstraction.—The Lancet.

Correspondence.

NEED OF HOMŒOPATHIC TRACTS.

Elyria, Ohio, January 10, 1908.

Editor Medical Century:

Am very much pleased with your idea about issuing some tracts which can be read by the laity, and would like to make a suggestion with regard to them. Something should be written setting forth the importance of our method of prescribing for patients as compared with the old school, also making plain the fact that Homœopathy does not consist in small doses of medicine, as the latter make claim; that unless the remedy is selected according to homœopathic therapeutics it is not different from their method, and in the selection without regard to dosage lies the science of our school.

It seems to me that such tracts would place us in a true light and people would read them.

Yours very truly,

H. D. Baldwin.

A VOICE FROM IOWA.

Iowa City, Ia., January 10, 1908.

Medical Century:

Your paper certainly grows better as it grows older. I am glad for your article on "What We Are Doing" in the last issue. I hope you will get some good tract. I came over to Homœopathy from the old school at the end of my second or sophomore year, and it was at the intercession of a good homœopathic cousin and some literature. I read the literature with interest with an unprejudiced and unbiased mind. At the time I was attending the State University of Kansas where Homœopathy was practically unknown. It set me to thinking, and I queried my medical instructors concerning the principles of the system. They were very free in declaring there was nothing in it and that it was unscientific and that it was not practiced to any extent. Their very violence and embitterment towards it aroused in me the suspicion that there certainly must be something to it otherwise it would be undeserving of such vehement defamation. Their very hostility spurred me on to search for myself and decide upon its merits.

Well, I took their materia medica and I have also taken a year and a half of homœopathic materia

medica under Dean Royal, and rejoice to say that it will bear scientific searching with the minutest scrutiny. To-day I am glad that I decided to prove the merits and demerits of Homœopathy for myself.

Now here is what I would most like to see. A tract setting forth as to "What Is Homœopathy," and the opportunities for homœopathic physicians as compared with the overcrowded old school profession.

I graduate next spring, and one of the problems for me to decide is which one of a dozen good locations shall I take.

I want this tract written with a special view of placing it in the hands of every freshman and sophomore medical student of every State university of the land that has a medical department. I believe it would be a simple matter to get the names of such students from the different registrars or presidents of said universities.

Their minds are unbiased and they want the best there is. I believe the medical students of the universities furnish some of our best independent individualities we have, but they simply and absolutely know nothing of Homœopathy, especially the Middle Western States, save what corruption the allopaths have put into their minds. What do you think about this? What suggestions and criticisms have you?

Secondly. Why not put up a pad for the physician's wrapping paper with a good tract on the back especially designed for the larty? Say a pad of 500 sheets of one tract and another pad with another tract, etc. I believe good Homœopaths would be glad to do a little cheap advertising that way. Or it might be put up as a roll as the dry goods merchant has his wrapping paper.

Wishing the Medical Century a live time for '08, I am

Very truly yours,
J. G. Sargent.

FROM ALABAMA.

To the Editor of the Medical Century.
Dear Doctor:—

Your editorial in the December Century is right to the point.

The A. M. A. is trying to swallow us up; they find that we have grown so fast and are so well armed with the truth that, big as they are, they cannot defeat us in a fair, open, above-board conflict, and so want to swallow us. They are a very ravenous monopoly, their maw is always open to swallow something, no matter what comes along in their regular path, it must be swallowed, and if it can't be digested and properly assimilated they either puke or purge it out again and try something else; and one reason that they have never found much that would stay by them, is the fact that they have never met the truth until now; it's the one thing they have avoided for over a hundred years, and now they have found it, they can't accept it in any other way except per orem, and their appetite has waxed so strong for it that their body is quivering all over in anticipation of at last possessing it, the truth, i. e., Similia Similibus Curantur. They want it for their very own. We must stand shoulder to shoulder and make them acknowledge our motto to be invincible before we ever join with them, and never, under any circumstances, give up our name of Homœopathy, which we have carried over a century. That is what they are after, it is their main point to gain.

They are losing the scales from their eyes, and recognizing the fact that we cure the cases that they can't, and that they have acknowledged that couldn't be cured. They have been forced to give up blood-letting and many other barbarious practices, by comparison with Homœopathy, and are drawing nearer to the truth all the time, and see it, and realize it, and feel that they will have to accept it, and it is humiliating to them, like it would be for an elephant that was seeking shelter from a storm when he found he was so clumsy and big that he couldn't get into the barn door where the sleek and beautiful thoroughbred was safe inside and well contented. He then tried to tear the barn down, but it was made by honest hands and was firm. Then he made a great fuss and invited the horse outside to share the storm with him and leave the barn behind, which was his shelter. It is the same with the allopaths, they want us to leave our shelter behind us and join them out in the whirlwind of uncertainty. Oh, no! excuse us, please, we prefer the shelter of Similia Similibus Curantur.

Sincerely,
A. M. Duffield.

MAMMARY CARCINOMA.

December 31, 1907.

Editor Medical Century:

Will you kindly insert the following in your journal, giving it as prominent a place as possible?

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery such information will be much appreciated and duly acknowledged.

Any well authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of person who may give knowledge first hand.

Address,
Horace Packard,
470 Commonwealth Ave.,
Boston, Mass.

NEW MEMBERS.

January, 24, 1908.

To the Readers of the Medical Century:

You will all know before you read these lines of the change of the meeting place of the American

Institute of Homœopathy from Oklahoma City to Kansas City, and you undoubtedly know the reasons for the change. As sorry as we may feel for Oklahoma, we must accept the judgment of our Executive Committee—and be glad.

As a matter of fact, it is better for nine out of ten of the physicians in the United States, and I presume thousands of dollars will be saved to the profession by not taking that long ride to the Southwest, four hundred miles beyond Kansas City.

I am not addressing you, however, to talk about the meeting place, but for one simple purpose, new members. If you who read this are not a member of the American Institute of Homœopathy, don't delay, but make your application at once. If you are a member do not delay but secure your neighbor who is not a member as an applicant at once.

It is not necessary for me or any one to tell a member of the American Institute of its value to him, of its value to the profession at large. Neither is it necessary to tell him of his value to the Institute; but to you who are not a member I want to say, do not delay another year, but join now. Every year means loss. I have talked with hundreds, I don't know but thousands, of members of the Institute, and I have never yet known a single individual to be sorry that he joined. He is always sorry that he did not join sooner.

A letter or a postal card to me stating the number of application blanks you desire will receive immediate attention.

Willard A. Paul,
Chairman Com. on New Members, 157 Harvard St., Dorchester Centre, Boston, Mass.

Committee on New Members.

Willard A. Paul, Chairman, 157 Harvard St., Boston, Mass.

Jas. W. Ward, 1380 Suter St., San Francisco, Calif.

J. P. Cobb, 254 E. 47th St., Chicago, Ill.

W. E. Reily, Fulton, Mo.

A. M. Linn, Des Moines, Ia.

W. C. Hirzel, 313 E. Houston St., San Antonio, Texas.

T. H. Carmichael, 7127 Germantown Ave., Philadelphia, Pa.

E. W. Brown, Mount Kisco, N. Y.

Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY—CHANGE OF MEETING PLACE.

Ann Arbor, Mich., Jan. 10, 1908.

To the Members of the American Institute of Homœopathy:

Your Executive Committee met January sixth at the office of the Secretary, five members being present, and Dr. Reily being represented by a written report and proxy. The President and First Vice-President reported having visited Oklahoma City, spending December 30th and 31st in investigating its merits as a meeting place. They were cordially received and cared for by the chairman of the local committee and the other three members of the local profession.

As a result of their investigation, much as it dislikes to disappoint the enthusiastic and hospitable people of that thriving little city, your Executive Committee, by unanimous vote, has deemed it necessary to exercise the authority given to change the place of meeting.

Committee must, of necessity, count upon a meeting of normal size. Our Oklahoma friends are sure the attractions of their community would draw even more than the usual attendance. For six years past the average of members and visitors has been 875. If half this number were to attend a meeting at Oklahoma City, it would be impossible to give to all comfortable hotel accommodations, especially difficult for a convention covering almost a week of time. There are but two so-called first class hostelries in the city. The Lee, the leading one, is building a seven story annex, which, as yet, is far from completion. It has been expected that this hotel would furnish headquarters and committee rooms. At Jamestown special rates and accommodations based on contract agreement were promised at the Lee. To our surprise the proprietor of this hotel, in contradistinction to all other citizens of the city, showed the members of the Executive Committee scant courtesy and refused to accede, in the slightest degree, to the wishes or necessities of the Institute. Not until after the departure from the city of the committee did the local chairman and the Board of Commerce wring unwilling concessions from this proprietor. Even then the rate proposed was far in excess of the contract agreement related at Jamestown, and stipulation was made that no committee rooms should be used in the evening.

Not only were the proposed arrangements unsatisfactory, but also the accommodations possible far from adequate. Contingent upon the completion of the annex and contemplating, too, that at least two people should occupy each room, quarters for not to exceed two hundred guests was the most favorable promise of the Lee. Under similar conditions a hundred and fifty guests might be crowded into the second hotel. Bath rooms, much needed during dusty Oklahoma, June, are scarce in both hotels. Were the attendance of members, visitors and exhibitors to exceed three hundred and fifty, the second rate hotels and the boarding houses would have to provide for the balance.

The "White Temple" proved unavailable, except possibly for the opening session. It was found that the meetings would have to be held in different places, more or less remote from each other. It would be impossible to have all the sessions of the Institute, its bureaus and committees, the allied societies and the exhibits under one roof. The comfort of the places proposed, too, would largely depend upon the temperature and barometric conditions, said to be decidedly objectionable in summer.

The usual reduced rates on the railroads are no longer available because of the new Interstate law. The distance of Oklahoma City, nearly four hundred miles from Kansas City, would make this absence of a special railroad rate a material burden to most of our members. The three general passenger

agents met at Oklahoma could promise nothing, unless the journey were begun on Wednesday for our Eastern members, and on Thursday for the Middle West, with no concession at all for the Far West. No through trains to Oklahoma are run from Denver, Chicago or the East. Unless Pullman car parties of eighteen or more persons were arranged, Eastern visitors going by way of St. Louis would have to change cars there, and if they travelled by way of Chicago, would require a change at that point, and a second change at St. Louis or Kansas City. In order to free those who presented the claim of Oklahoma, we wish to say that the less liberal policy of the railroads as to rates and through trains is a recent move, and, of course, was not anticipated last June. However, it is no less a disappointment, and, in view of the present financial stringency, a serious objection in the opinion of your Executive Committee.

For these reasons and others which were discussed for hours by your Committee, it was thought best to have our meeting elsewhere. Invitations came from Hot Springs, Pittsburg, the State of Pennsylvania, Los Angeles and Detroit. We were not unmindful of the potency of the claims of each of these possible locations, and to the loyalty of the members of our school in these places the Institute owes its thanks. We could not overlook the fact, however, that the American Institute had recognized the justice of the demands of the West and Southwest. That territory received our first and last thought. Kansas City, Missouri, is a western city, and in every sense is the gateway to the Southwest. The proferred invitation of our men in Kansas City was, therefore, accepted, and it was decided to hold the meeting there during the week beginning June 22d.

It were perhaps a work of supererogation to speak of the beauties and attractions of this wonderful city. Commercially, physically, æsthetically it is second to none in these United States. The combined population of Kansas City, Missouri, and Kansas City, Kansas, separated simply by an imaginary line, is nearly four hundred thousand. The municipalities form one great, restless, aggressive, progressive, beautiful city. High bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and bottoms—all give themselves to natural picturesqueness and artistic possibility. Millions upon millions have been spent in developing one of the finest park and boulevard systems in the world. This is, without doubt, one of the show cities of America. The transcontinental tourist who has simply passed through Kansas City, and almost every American railway system touches it, knows nothing of the multitudinous attractions of this place. The railways are in the valley out of sight and the city on the hill-tops. One must take the incline and view it from a high place to know tnat at his feet lies the pride of the West, beautiful Kansas City. Here are vast hotels, gorgeous theatres, great churches, palatial homes, wide gardens, inviting shade and cool retreats. The hundred members of the local profession and the nearly two thousand of the State of Kansas and Missouri will give us hearty welcome.

The trip to Kansas City is easily and quickly made. It is a night's journey, twelve hours, from Chicago, six hours from St. Louis, over night from Denver, and can be reached from New York City with but one night on the sleeper.

To Dr. Hensley, the local profession, the Board of Commerce, and the cordial people of Oklahoma City we express our hearty thanks for the courtesies shown and the hospitality offered. We regret that necessity rules our action, but knowing their hearts and minds, we believe they will gracefully submit to our decision, and, in company with the membership of the American Institute, do all in their power to make the 1908 meeting at Kansas City a great and lasting power for good to our beloved Homœopathy.

Respectfully,
Royal S. Copeland,
W. E. Reily,
J. Richey Horner,
Frank Kraft,
J. H. Ball,
T. Franklin Smith,
Executive Committee.

THE UNION CLINICAL SOCIETY.

The twenty-fourth meeting of the Union Clinical Society of Miami and Shelby counties was held at the home of Drs. H. E. and H. M. Beebe, on Ohio avenue, Sidney, Ohio, Wednesday evening. At 6 o'clock the members of the society were served with a very elaborate course dinner. Following the dinner some time was spent socially and then the society was called to order by Dr. A. S. Rosenberger, of Covington, president of the society, who very happily introduced the speaker of the evening, Dr. R. S. Copeland, of Ann Arbor, Michigan, member of the faculty of the University of Michigan.

Dr. Copeland is very prominent in the medical fraternity of this country, and the Union Clinical Society was most tortunate in securing him for an address. He is a personal friend of Drs. H. E. and H. M. Beebe, and it was through them that he was secured for this occasion. He is president of the American Institute of Homœopathy for the year 1907-1908, and is spending a great deal of his time delivering lectures before large medical societies and also on the lecture platform. Only recently he delivered a lecture in New York City and one in San Francisco. His subject for Wednesday evening was "Scientific Homœopathy," and he gave a most learned address in a pleasing and entertaining manner, covering the subject thoroughly. He spoke for over an hour and a half, and was listened to with the closest attention by all present.

At the close of the address the society adjourned to meet at the home of Dr. M. M. Brubaker, of Covington, next month. Another prominent guest of the society for the evening was Dr. J. W. Overpeck, of Hamilton, president of the Homœopathic Medical Society of Ohio.

The guests present besides Dr. Copeland and Dr. Overpeck were: C. F. Ginn, of Miamisburg; Curtis Ginn, J. Welliver and Frank Webster, of Dayton; W. J. Prince, of Piqua; J. H. Wilson and wife, and J. W. Young, of Bellefontaine; William Hance, of

Degraff; S. G. Good, and W. D. Frederick, of Sidney.

The active members present were: A. S. Rosenberger and wife, M. M. Brubaker, of Covington; J. M. Barker, vice-president; C. R. Coffeen, C. E. Hetherington, of Piqua; J. D. Miller, of Tippecanoe; R. C. Walcott and J. W. Means, of Troy; A. W. Hobby, secretary and treasurer; F. D. Anderson, H. E. and H. M. Beebe, J. C. Blinn, J. A. Ferree, B. S. Hunt, and A. W. Reddish, of Sidney. (Sidney Press.)

The Union Clinical Society met with Dr. M. M. Brubaker, of Covington, O., January 8th. After all had arrived the doctor's wife served an elaborate supper, which is always a part of the program. A hungry man never enjoys a scientific essay however well filled with good things. After this part of the program was brushed aside, Dr. Wolcott, of Troy, read a paper on how to prevent gastric disturbances, their causes and classification. The essay was well discussed by all present. The speakers agreed that gastric ailments are frequently symptomated and often caused by uterine, hepatic and spinal diseases. The best point made by the essayist was that stomach symptoms are commonly due to constipation and a failure in the elimination of the by-products of digestion. The next meeting will be held in Sidney. Those present were: Drs. Hetherington, Barker and Coffeen, of Piqua; Wolcott, of Troy; J. D. Miller, of Tippecanoe; H. E. Beebe, Hobby, Hunt and Reddish, Sidney; Blinn, of Hardin; Varner, of Morrow county, and Rosenberger, Miller and Brubaker, of Covington, Ohio.

A. W. Reddish.

THE DISAPPOINTER INSTITOOTER.

I'm a disabointed Deutscher,
Und I'll tell you vy, because
Ve meet py dot Kansas Zity,
Not by Oklahoma vot vas.

Der Prex he makes a wisit oud,
To indkwire wot ist der fix,
Und den kooms pack and makes proclaim,
Oklahoma shure vas nix!

Now Prexy knows der Institoot,
Id's so pig und vine und grandt,
Dat nodding put der pest will go,
Und no foolischness vill standt.

Dot treams vot Walton sait er hat,
Ven austripped zu der bare,
Reweals a chag vich sometimes makes
A nix-kum-er-aus Night-mare.

Zo dis disabointed Deutscher
Mooch prefers to shoot his jaws
Py dot Kansas Zity vot is,
Dan py Oklahoma vot vas.

C. E. W.

Examining Board Meetings for February.

Nevada, Carson City, February 3d.
New York, Albany, February 4th-7th.
Nebraska, Lincoln, February 5th-6th.
Kansas, Topeka, February 11th.
Wyoming, Laramie, February 12th-14th.

The Colleges.

EDUCATIONAL CONFERENCE.

The committee on "Medical College Inspection and Classification" held an adjourned meeting as per announcement previously made, at the Auditorium, Chicago, December 19, 1907.

Chairman B. D. Harison called the meeting to order at 11 A. M., with Drs. H. E. Beebe, W. A. Spurgeon and J. V. Stevens, members of the committee, present, Dr. A. N. Hamel, the remaining member of the committee, being absent.

Drs. Geo. Royal, of Iowa, and W. A. Dewey, Mich., represented the Council on Medical Education of the American Institute of Homœopathy; E. B. Shewman, of Indiana, and W. N. Mundy, of Ohio, the Council of the National Eclectic Medical Association; J. J. Baker and E. H. Haggard, of Indiana; A. Nyland, of Michigan; R. O. Braswell, of Texas; N. L. Johnson, W. A. Hadley, J. C. McCandless and F. J. Russ, of Chicago, the Council of the American Association of Psychio-Medical P. and S.; A. D. Bevan and N. P. Colwell, the Council of the American Medical Association, and Drs. Ward, of Nebraska, and F. C. Zapffe, of Chicago, the Association of American Medical Colleges, and Dr. J. C. Scudder, of Ohio, the Association of Eclectic Medical Colleges, and President W. L. Bryan, of he State University of Indiana, representing the committee on "Medical Education of the National Association of State Universities," and Dr. L. A. Thomas, secretary of the Iowa State Board were present, besides Drs. C. J. Lewis, J. D. Robertson, H. C. Allen, L. D. Rogers and J. T. McBride, of Chicago.

By request of the chairman Dr. W. A. Spurgeon made a statement of the purpose of the meeting.

The secretary of the committee read copies of letters sent to State boards in whose States were colleges reported deficient or below a reasonable standard. Also of letters sent to such colleges direct, and stated that replies to nearly all of the letters had been received and placed on file.

Dr. Geo. Royal, chairman of Medical Council of the American Institute of Homœopathy, thanked the committee for the invitation that they received, and stated that the various councils on medical education had consulted together and prepared a schedule of minimum requirements which he read, and said that they would offer it to the committee for their consideration and as a basis for discussion. He said that he fully endorsed advances in medical education, and believed in reciprocity, and that he was glad to present his report as an unanimous one.

Dr. N. P. Colwell stated that the Medical Coun-

cil of the American Medical Association had not definitely acted on them as yet, but expected to do so soon.

Dr. W. J. Means explained the work that the Association of Medical Colleges of the American Medical Association are doing in rating colleges, and suggested the use of blanks for reports of inspection which would afford definite information respecting a college when it has been carefully filled out and filed copies of such blanks for future reference if desired.

Dr. Spurgeon, on behalf of the committee, asked that such suggestions as the Council of the American Medical Association desired to place before the Committee be filed as soon as possible, Dr. N. P. Colwell assured the committee that this would be done within two weeks.

Drs. Dinin and Bevan continued the discussion of this phase of the subject, and Dr. Bevan very strongly urged that all State boards become members of the same confederation or association. This, he said, was now more necessary than ever before because each State board must forever remain supreme in its own State, and it became necessary for all to meet to settle in a conference the questions that were continually arising. He said that he felt very optimistic in regard to the matter, and that he fully expected to see all the various councils on medical education agree upon a plan of action and as to the details of it, too.

Dr. J. C. Scudder spoke for the Association of Eclectic Medical Colleges, and Dr. E. H. Haggard for the Physico-Medical Council, and Dr. Geo. Royal for the Homœopathic Council. The chairman announced that a recess would be taken till 2 P. M.

At 2:30 P. M. the report of a schedule of counts in ten divisions which was offered at the morning session by the Medical Councils was taken up, and the chairman announced that each division would be considered in its order separately. Division No. 1 proposed value of 5 points, brought out a very general discussion of the two last clauses, participated in by Drs. Royal, Beebe, Thomas, Haggard, Baker, Bevan, Colwell and Braswell. The last spoke very vigorously and capably defending the plan of leaving materia medica and therapeutics off the list of subjects that State boards examine in against strong opposition from several others.

Several plans were proposed to help to avoid repeating either the failures or successes of applicants before State boards. Dr. Thomas, of Iowa, offered in addition to division 1 providing that the application blank ought to provide for requiring that each applicant shall certify to the number of previous examinations that he may have taken and give the result in each case. The authors of the schedule accepted the suggestion, and it was incorporated in the original.

Division No. 2 was also very fully discussed, and much difference of opinion was expressed as to the proper value in counts to give each point. Dr. Ward spoke concerning No. 5. Nos. 6, 7, 8, 9 and 10 were passed with but very little comment.

President Bryan expressed his pleasure at being present to hear the discussions and to become better acquainted with the whole matter, and that he had been permitted to represent the "National Association of State Universities" at such an important meeting. Subsequently he made a very earnest plea that the older colleges of letters and arts be encouraged also, and said that he hoped that nothing would prevent a goodly number of those who may herafter study medicine from obtaining a good classical education if possible prior to pursuing such study. Mr. Bryan was very enthusiastically received. The question of taking time to make a thorough and systematic examination of each college inspected and of inviting representatives of as many of the Medical Councils and College Associations as choose to go to accompany the State board in its inspection of the colleges in its own State was strongly favored, and preliminary educational standards fully discussed.

Dr. Harison thanked all of those in attendance for their presence and for the assistance that they had rendered in the committee, and said that he was pleased to note that so much interest had been developed regarding the important question before the committee. He directed the secretary of the committee to send copies of the resolutions to each one present, and declared the hearing adjourned.

At an executive session of the committee held afterwards the resignation of Dr. A. H. Hamel, of Missouri, of his position on the committee was announced by President Spurgeon, who apointed Dr. L. A. Thomas, of Iowa, to fill the vacancy. He also expressed an opinion that he should issue a call for the annual meeting to be held sometime in February or March, and probably at Louisville, Ky.

Dr. Harison was appointed as a committee on Preliminary Educational Standards.

J. V. Stevens, M. D., Secretary.

REVISED INSPECTION SCHEDULE.

1. General success before the State Medical Examining Boards of only those who have graduated since examinations in the individual States have been obligatory upon all candidates for licensure. Those States that require examination in materia medica and therapeutics should entitle the candidate, and hence his college, to a better rating than those States where examination in those branches is not required. Individual students failing more than once in the same State, or in two different States, should not discredit their college with more than one failure. State boards are urged to require each applicant for license to certify to every examination before State boards that he may have taken stating name of the board and the result in each instance. Five counts.

2. The question of requirement and enforcement of a satisfactory preliminary education. This is to be a four years' high school education, or its equivalent. In case the student should not enter on a diploma from a high school that this examination be conducted by the Council of Medical Education of his State, or some similar body, and that the examination papers be kept on file in the office of the secretary of the medical faculty for inspection by the State Examining Board. Fifteen counts.

3. The character and extent of the college cur-

riculum. That provided by the National Association of the School of Medicine which the college represents, to be taken as a standard, modified by the law of the State wherein the college is located. At least forty months should have elapsed between the dates of matriculation and graduation. Fifteen counts.

4. The medical school buildings. The buildings should be sanitary and commodious, allowing ample space, according to the size of classes, for laboratories, amphitheatres, examining and recitation rooms. Five counts.

5. Laboratory facilities and instruction. Ample laboratory facilities and apparatus, according to size of classes, should be provided for the work in the following subjects: Anatomy (including histology and embryology), Physiology, Pharmacology (including drug pathogenesy), Bacteriology and Pathology. Those to be in charge of trained men. Fifteen counts.

6. Dispensary facilities and instruction. The dispensary material available should be in proportion of 100 patients per year to each senior student. Should a patient be presented to the entire senior class or part thereof, it should count one for each student present. The main dispensary should be under the control of the college. Five counts.

7. Hospital facilities and instruction. Hospital standard to be access to and constant use of one bed for each member of the senior class during the year. Fifteen counts.

8. Extent which the school devotes to experimental research in the varied fields of medicine and allied sciences, especially in therapeutic research and the devlopment of drug therapeutics and the methods of teaching experimental drug pathogenesy. Fifteen counts.

9. To what extent does the commercial or scientific spirit dominate with reference to the various chairs, and in the institution as a whole, also extent to which members of the faculty devote their time to teaching. The published requirements of the college should be scrupulously observed, and a complete list of the matriculates published each year. Five counts.

10. Supplementary facilities, such as library, charts, electrical apparatus, models, museum, etc., judged according to conditions and use of same by the teaching corps and students. The library should have at least 500 volumes, including modern text books and chief periodicals of the school of medicine to which the college belongs. The museum should be kept up to date and specimens properly labeled and indexed. Five counts.

The Library.

BOOK REVIEWS.

Diseases of the Nose and Throat.

By D. Braden Kyle, M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fourth edition, thoroughly revised and enlarged. Octavo volume of 725 pages, with 215 illustrations, 28 colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $4.00, net; half morocco, $5.50, net.

The fourth edition of this popular work has been more thoroughly revised, more additions made to it, more alterations and additions, more illustrations than any previous revision brought forth. It stands at present as the representative work on the subject in this or in any country. Much that is new in the operative field has been gone into thoroughly, and for our specialists it is an indispensable possession.

The Elements of Homœopathic Theory, Materia Medica Practice and Pharmacy.

Compiled and arranged from Homœopathic Textbooks by Dr. F. A. Boericke and E. P. Anshutz. Second revised edition. 218 pages. Cloth, $1.00, net; postage, 5 cents. Philadelphia. Boericke & Tafel. 1907.

This work has seemed to fill a want long felt, for the first edition was rapidly exhausted and the second called for. Some additions have been made and the typographical portion improved. It is a good book to put into the hands of a student who is contemplating medicine. He will find much information therein.

International Clinics.

Vol. IV. Seventeenth series. J. B. Lippencott Co., Philadelphia, 1907.

Another volume of this excellent quarterly with its usual collection of masterly articles.

How to Take the Case and Find the Similimum.

By E. B. Nash, M. D. Author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid Fever," "Regional Leaders" and "Leaders in the Use of Sulphur." 55 pages. Cloth, 50 cents, net. Postage, 3 cents. Philadelphia. Boericke & Tafel. 1907.

This latest little work of Dr. Nash deals with his especial manner of making a prescription. The headings that he considers are the following: Similimum, Location, Sensation, Modality, Causes, Constitution and Temperament, Generals and Particulars. This is practically the Bœnninghausen plan and the one that always gives the best results in practice. The book is full of good material.

The Enthusiasm of Homœopathy.

By John H. Clarke, M. D. London. Homœopathic Publishing Co., London, 1907.

This work, which is a reprint from the Journal of the British Homœopathic Society, is one that every homœopathic physician should read. The story of those who have done missionary work in Homœopathy should not only interest, but inspire to work in the same field, for there is even more need of it to-day than in the days of Epps and Mure. The thanks of the school are due Dr. Clarke for this little brochure, it makes one more good thing to put into the hands of earnest inquirers after truth.

Insect Life.

By J. H. Comstock, Professor of Entomology, Cornell University. D. Appleton & Co., New York, 1907.

The study of entomology is one that is bound to come to the fore in the preparatory or even curriculum studies of the medical student. Some of the required preparatory studies for admission to medical schools are, to say the least, nonsensical; for instance, that of trigonometry, for of what earthly use is it to the physician to know a subject that will admit of the least practicality in his future life? The subject of entomology, however, is one that he should know something about, for the role that insects play in the causation and spread of disease is becoming recognized as a very important one, and one that is in its infancy. We think we know something of the stegomeia, the anopheles, etc., in the causation of yellow and intermittent fevers. We have suspcted that the fly plays a role in typhoid fever, the bed bug has even been suspected of causing disease. Insects infest our foods and our drinks, so it seems that it should be the duty of physicians and those having our educational problems in charge should insist on the importance of entomology, at least, as a study of equal importance and practicability with trigonometry. This charming little work of Prof. Comstock will induct the student of medicine into a field that is replete with usefulness, besides being a recreation in his leisure hours. The book is appropriately divided into chapters on Pond, Forest, Orchard, Brookside and Roadside life, and will hold the interest and attention to the end. We commend it to the examination of our readers.

Atlas and Text-Book of Human Anatomy.

Volume III, completing the work. By Prof. J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Toronto, Canada. Quarto of 342 pages, containing 297 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6.00, net; half morocco, $7.50, net.

This is the third and last volume of this great work on Anatomy. It concludes the vascular system, the entire nervous system and the organs of special sense. It is a wonderfully accurate representation of the parts illustrated, the plates are superb, and the student will be greatly aided thereby, and no surgeon should be without it. The three volumes will make a fine and useful addition to any medical library.

The Principles and Practice of Modern Otology.

By John F. Barnhill, M. D., Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine; and Ernest de W. Wales, B. S., M. D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages, with 305 original illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50, net; half morocco, $7.00, net.

This is a new work on modern Otology, written especially, first, to modernize the subject, of which there is much need; second, to correct certain traditional beliefs, of which there may be some necessity, but hardly so much as the authors seem to think, in our opinion; third, to advocate the earliest possible prophylaxis or treatment, about which there can be no question; fourth, to emphasize the importance of a thorough examination and a definite diagnosis as a basis for rational treatment, which sounds good, but as far as rationality in treatment is concerned, there is nothing but sound facts found in the work, and fifth, to thoroughly illustrate the text. This latter is well and handsomely done, the illustrations being the best of any that we have ever seen in a work on otology. We can commend the work in its entirety, those of our school will super add their therapeutic knowledge, and thus make valuable use of the work.

The Treatment of Fractures.

With Notes Upon a Few Common Dislocations. By Chas. L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Sixth edition, revised and enlarged. Octavo volume of 635 pages, with 854 original illustrations. Philadelphia and London: W. B. Saunders Company, 1907. Polished buckrum, $5.50, net; half morocco, $7.00, net.

The sixth edition of this standard work comes to us in an improved form with new illustrations and especially new X-ray skiagraphs. The X-ray has so revolutionized our knowledge of fractures that with its help and the methods so ably set forth in this work, there is little trouble in treating these injuries. In this edition much has been added in respect to ununited fractures. It is in this special field that homœopathic treatment is almost supreme. We recall a young college athlete who broke his thigh bone, a man of powerful muscular build, all going to muscle. He was splinted and kept quiet for the prescribed length of time. He soon was able to be out. Almost on his first outing he slipped and fractured his femur in the same place. This could not have happened had he had homœopathic treatment. Had he had a few doses of Calcarea phosphorica he would have had his faulty assimilation of lime corrected and callous would have been thrown out about the seat of fracture in sufficient amounts to have so strongly splinted his broken bone at the seat of the fracture that it would have broken anywhere else than there. Dr. Hering, of Philadelphia, proved this sixty years ago. Those who write on surgery and allied topics forget or are ignorant of many adjuvant measures that would contribute to the welfare of the patient. Even fractures of bones sometimes need medicinal treatment for the irritability at point of breakage, annoying muscular twitchings interfering with recovery can be benefited by the properly applied remedy. All this does not prevent Dr. Scudder's work from being the best published on the subject, but it could be made better if the doctor knew anything about Homœopathy.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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FEBRUARY 1, 1908

Editorial.

KANSAS CITY FOR THE INSTITUTE.

We present on another page of the Medical Century a letter from the Executive Committee of the American Institute of Homœopathy giving notice of a change of meeting place of this society from the city of "asphalt pavements, nine-story blocks, fire-proof buildings and never ending vistas" to the gateway of the southwest, the city of "high bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and bottoms." In other words, from Oklahoma City to Kansas City.

It would be somewhat of an insult to the intelligence of the members of the American Institute of Homœopathy not to believe that this change to many will be a disappointing one. We say this for the reason that for two years successively the question of Oklahoma City has been before them. Two votes have been taken thereon at two successive meetings of the Institute, and no one can say that the membership acted in anywise blindly in the matter of place selection.

The Medical Century was a strong advocate for Oklahoma City, not so much for the city itself as for the location is represented. A voluminous correpondence extending over a period of years had reached our office advocating fewer eastern meetings and more western, and during the recent past advocating the claims of the great Southwest for recognition. The only invitation the Institute received for two consecutive years truly representing that great section came from Oklahoma City, therefore the Medical Century supported that place. That was the only locality in the Southwest that seemed to want us. We would have as warmly espoused the cause of Wichita, Kansas, or Fort Worth, Texas. Therefore, we have no regrets for our action.

The Executive Committee of the American Institute of Homœopathy has decided to have the meeting in Kansas City, and have given reasons for the change, which to them is satisfactory, and we believe these reasons will be accepted by the majority of the members of the Institute. In our opinion the first reason given is the only one worthy of actual consideration, namely, that of hotel facilities, and after all, not so much as to the facilities of the hotels themselves as to the spirit manifested by the management of the leading hotel toward the visiting committee. The inducements promised by this hotel at Atlantic City and at Jamestown as to rates and accommodations did not come up to the conditions there offered. In fact, we understand that the proprietor of the Lee Hotel told the visiting committee that the agreements offered at Atlantic City and Jamestown "didn't go," and showed the committee such scant courtesy that there was nothing else to do but to turn on the heel and walk away. Not only were the prices raised, but also the reservation of accommodations, the providing of suitable committee rooms, etc., were refused, and even, were the new annex completed, the concessions made rendered the whole thing impossible. The second reason given by the Executive Committee was that the chief place of meeting promised proved unavailable, and that it would be impossible to have all the sessions of the Institute, its bureaus and committees, the allied societies and the exhibits under one roof. The other reasons given, those of temperature, the barometic conditions, railroad rates and accessibility, alone would not have influenced the change in all probability, as they more or less apply to any other locality in that section.

Considering all this we believe that the Executive Committee in its unanimous decision to throw over Oklahoma City and decide upon another place was a wise one.

There can be no doubt that the selection of Kansas City was the next best thing that could be done. Kansas City is one of the great cities of the West, and especially the great city of the Southwest, and is most easily approachable from any part of that section as well as from all parts of the country. There are, in the State of Missouri, two great cities, each having large numbers of homœopathic physicians, each having a homœopathic medical college. That the American Institute of Homœopathy can accomplish much good in meeting in the State of Missouri is a fact most evident. The two colleges of that State are doing excellent work, but they are hampered somewhat by the State Board of Health, which is one most emphatically under control of the American Medical Association, only one member of that board being a homœopathic physician, and, as in some other States, a nonentity so far as homœopathic influence is concerned. If the meeting of the American Institute of Homœopathy in Kan-

sas City accomplishes nothing more than to rouse our profession in Missouri to a united action to combat the unfavorable legislation against our school by that commonwealth, it will have accomplished a great mission.

Some years ago an enactment was passed by the Missouri Legislature creating a homœopathic department in the University of Missouri. We are not informed as to what came of this enactment. It was probably buried in the ruins of the adverse legislation to which we have just alluded.

The desirability of Kansas City as a place of meeting for the Institute has been ably set forth in the circular letter of the Executive Committee, and now it becomes the duty of every homœopathic physician in the land to use every endeavor to make the meeting at Kansas City a representative one in every way. We must go there in great numbers where we are sure to be welcomed with that genial hospitality so characteristic of the South and West which we will find there combined.

Already, even at this writing, plans are under way to secure accommodations for the members and for the meeting that cannot be surpassed in any other sity of the union. The profession of Kansas City is an energetic one, and, we believe, will do all in their power to make this, the first meeting of the American Institute in the Southwest, a memorable one.

EDITORIAL BREVITIES.

Protecting the People in California.

The California State Board of Medical Examiners does not regard practice of medicine, materia medica or therapeutics, branches worthy to be examined in. Anything that pertains to the art of medicine, its application in disease is non-essential. Here are ten questions taken from the last examination held in that State December 3, 4 and 5, 1907:

1. Name the layers of the retina.
2. Describe a septic tank and explain the principles involved.
3. Describe the phenomena of indirect cell division or karyokinesis.
4. Define colostrom, emmetropia, diapedesis, hemolysin, lochia, osmosis, alexins, atavism, zymogen.
5. Give ten different varieties of pyogenic organisms and their microscopical characters.
6. State the morphology of the specific organism of plague.
7. Give formula for chloroform.
8. Give formula for boric acid.
9. Name CH_3OH.
10. Name $C_2H_5.O.H.$

We could give ten more questions of equal practicability from this examination. This is protecting the people of the Golden State with a "vengeance that is mine," saith the California Board. How many physicians of any school of ten, five or even two years' experience in actual practice could answer these questions? There is no practicability whatever in them, and to say that an examining board of any State is a protection to the people by requiring candidates to answer them and to omit the essential, practical questions of the application of materia medica for the cure of the sick is worse than farcical, it is sheer imbecility. We would wager a 100 to 1 shot that not a single member of the California State Board of Medical Examiners even with six months' preparation could answer fifty per cent. of the questions propounded in tnis last examination. It is not in them. As for us we would prefer to be a theologian and know many things that are not so, than to be able to answer this tommyrot.

Editor's Table.

GENERAL NOTES.

The time is at hand for receiving offers of meeting places for the American Institute of Homœopathy for 1909. Address such letters to Dr. Kraft, 2055 E. 90th, Cleveland, O.

Dr. Franklin Freeman has opened an office in Chattanooga, Tenn. Dr. Freeman is a graduate of the Chicago Homœopathic College, 1889. Readers of the Century will do well to remember Dr. Freeman in sending patients South.

The New York Legislature at its last session provided for the munificent expenditure of $1,000 for the carrying out of an antituberculosis campaign.

Dr. George M. Gould says: "Surgery is the despair of curative medicine, and must be appealed to only when therapeutics is absolutely impossible." Wonder what homœopathic work Doctor Gould has been reading now. The doctor also recommends for insomnia an official medical journal.

The American Journal of Clinical Medicine characterizes Dr. E. R. Bryant's (of San Francisco) assertion that he has administered Scopolamine in two-grain doses without producing serious symptoms, as "going some," especially for a Homœopath.

The American Druggist and Pharmaceutical Record opposes the amendments to the National Food and Drugs Act proposed by Senator Gallinger, whereby a drug shall be deemed adulterated if not prepared according to the homœopathic pharmacopœia of the United States. And we agree with the American Druggist. It has been stated that probably 98 per cent. of the homœopathic remedies used are prepared according to the American Homœopathic Pharmacopœia.

Dr. A. M. Dabbous is in charge of the dispensary of Hering College, Chicago.

Dr. and Mrs. J. R. Kippax, of Chicago, are spending the winter at St. Augustine, Fla.

Dr. J. N. Arriaga has removed to No. 5a, Calle de San Francisco Pimentel, No. 100, Colonia de San Rafael, Mexico. His consultation rooms remain as formerly, No. 15 Calle de la Acequia. Dr.

Arriaga is the well known editor of La. Homœopatia.

Dr. S. B. Hoskins has been apointed health officer of Sioux City, Iowa.

Dr. C. H. Dunn, of Centralia, Illinois, favored the editorial office of the Medical Century with a call recently. The doctor has had a student in the homœopathic department of the University of Michigan, and is a good worker for Homœopathy always.

The Medical Arena which was launched and run for a number of years as a homœopathic medical periodical, and then went over to eclecticism, has been bought by the American Medical Journal, of St. Louis. The latter is one of our good eclectic journals, and the Medical Century wishes them all manner of success.

Dr. C. B. Dickson, of Los Angeles, is a member of the Los Angeles City Board of Health and a homœopathic physician. We would be glad to know of any homœopathic physician who is on a city or county board of health anywhere in the United States.

Some Clinical Memoranda is the title of a little pamphlet issued by Dr. Clifford Mitchell, of Chicago, which contains a great deal of practical information given in a terse, epigrammatical style.

It was with much interest that we read of the romance of the ancestors of Dr. John B. Garrison, of New York, in a New Jersey paper. The doctor's ancestry goes back to the Douglas of Scotland, and now that we think of it the doctor has a little of the Scotch in his make-up, being of that hardy race.

Dr. H. F. Biggar contributed a most instructive and entertaining article recently to the Cleveland Leader, entitled Loitering Abroad With Three Clevelanders, the tnree being Mr. James H. Wade, Colonel William Edwards and Senator N. B. Payne.

The table at which Hahnemann sat when he wrote his first homœopathic prescription is preserved in the museum at Moelln in Lauenburg. It was presented by the apothecary of that place.

The Rock River Institute of Homœopathy held its quarterly meeting at Sterling, Illinois, on January 2d. A number of interesting papers were read.

Dr. O. S. Haines takes the chair of materia medica in the Hahnemann College of Philadelphia, made vacant by the death of Dr. Charles Mohr. Dr. Clarence Bartlett takes the chair of practice in the same college made vacant by the resignation of Dr. Goodno.

Dr. G. E. Manning, of San Francisco, has been appointed a member of the San Francisco Board of Health by Mayor Taylor.

The Hahnemann College of the Pacific is doing nicely this year; the freshman class is larger than usual, and everything is prosperous.

Dr. A. B. Clapp, of Muscatine, Iowa, has an excellent proposition for anyone desiring a general homœopathic practice in a city of 17,000. Write him for particulars.

Dr. W. B. Hinsdale read a paper, January 20th, before the Detroit Practitioners' Club, entitled Hypertrophy and Dilatation of the Heart; Treatment. Dr. George S. Caron read a paper at the same meeting on Intestinal Fermentation.

Drs. G. J. Jones and W. T. Miller, of Cleveland, read papers before the Toledo Homœopathic Club, on January 21st. Dr. Miller's paper was entitled "Epilepsy."

The next annual meeting of the Minnesota State Homœopathic Institute will be held at Minneapolis, May 19, 20 and 21. Dr. A. E. Comstock, of St. Paul, is president, and Dr. H. O. Skinner, of St. Paul, secretary. A good meeting is expected. There should be enthusiasm in the Northwest to rally to the support of the society and college.

The South Eastern Ohio Society met at Newark, January 30th. A fine program was presented.

We have received the three reprints ordered by the American Institute of Homœopathy, namely, The Facts About Variolinum, by Charles W. Eaton, M. D., of Des Moines, Ia.; A Symposium on Immunity, by Drs. Laidlaw, Watters and Stevens, and Homœopathy, What It Is and What It Has Done for Humanity, by J. P. Sutherland, Boston, Mass. These excellent and timely articles can be obtained from Secretary Kraft.

Dr. M. O. Terry in the Tampa and Fort Myers press had an excellent memorial of the late Dr. Nicholas Senn, of Chicago.

Dr. H. H. Baxter, president of the Ohio Board of Medical Examiners, entertained the inspecting members of the Councils of Medical Education and the board members at the Euclid Club. A number of Cleveland physicians of both the homœopathic and allopathic schools were present.

Dr. M. P. Hunt, of Columbus, is one of the busy men in Ohio. He has a large practice in Columbus besides considerable consultation and operative work in neighboring towns.

The profession throughout the country seems well pleased over the change to Kansas City as a meeting place for the Institute, and all feel that the claims of the Southwest are conserved.

Dr. J. D. Buck, of Cincinnati, has our sincere sympathy in the death of his beloved wife, whose death occurred on January 15th. Mrs. Buck contracted a cold on the night of her daughter Ruth's marriage, January 11th, and having been an invalid for some time was unable to brave the storm. She was loved by her many friends, especially by her distinguished husband and her six children. The sympathy of the medical profession goes out to them all in their sad bereavement.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The "grip" is in our midst and the doctors are busy and happy.

A suitable tablet has just been placed in the hall at Pulte College in honor to the donors to the Pulte Hospital.

Dr. J. D. Buck has recently had an addition to his family in the shape of a son-in-law, his daughter, Ruth, having married Mr. Koehler, of Avondale, Saturday, January 11th.

Dr. Wm. McGranahan Blaine, of Youngstown, Ohio, and a graduate of Pulte, spent the holidays as the guest of his parents here in Cincinnati. Dr. Blaine is one of the Pulte censors, and his father is one of the trustees.

Mr. A. P. Henkel, of Hyde Park, one of the Pulte trustees, has recntly erected the largest private observatory in the State of Ohio.

The December program of the Cincinnati Homœopathic Lyceum consisted of two papers—Materia Medica and Therapeutics, by Dr. W. E. Bloyer; Lacerations in Normal Labor, by Dr. Jno. H. Wilms.

Dr. Bloyer is a member of the faculty of the Eclectic Medical College of this city. He presented an excellent paper, which, as Dr. Geohegan said, "expressed a healthy optimistic view as the use of medicines."

The Lyceum program for January 22d was substituted for that of January 11th at the meeting of the latter date. The subject discussed was Anæsthesia.

The H. M. C. Anæsthetic, Dr. C. E. Walton; Anæsthesia—History and Methods, Dr. C. E. Geiser. Dr. Walton reported favorably on the use of the H. M. C. in surgical work, claiming that by giving two injections major operations could be done with the use of but little if any chloroform or ether. In the discussion by Dr. H. H. Wiggers and others the point was emphasized that the mixture must be used with caution in obstetric work else the accoucher is liable to be rewarded for his pains and lack of pains on the mother's part with a still-born babe.

Dr. Chas. Geiser's paper was a most excellent one dealing with the history of anæsthetics and methods of administration. The statistics cited favored ether so far as safety to the patient is concerned.

In the discussion which followed Dr. Walton favored chloroform, and cited English statistics to show that more deaths had occurred from ether than chloroform. The consensus of opinion of the members was that often fatalities are the fault of the anæsthetist rather than the agents used. All of which goes to prove that an anæsthetist should have special training and lots of experience. Very few general practitioners are really competent to administer an anæsthetic. It is surprising how little chloroform an experienced anæsthetist needs, and how much an inexperienced one uses.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER, M. D.

The homœopathic profession of Kansas City has awakened with a start, for, at last, the American Institute of Homœopathy is to be "shown." Preparations for the meeting are already well in hand, and with Dr. Gates at the helm in local arrangements, there is no fear regarding the general success of the meeting.

The hoted accommodations here are well above the average in cities of this size, and this may be said of every other item of interest to the Institute members. Those who long to know what the "Wild waves are saying" from day to day, may find their answer along the banks of either the muddy Missouri of the classic Kaw.

Other attractions are the packing houses, Convention Hall, sixty miles of boulevard, six thousand acres of public park, and a new union depot, for which ground may be broken about the year of 1912.

Then, too, let it be remembered that there are not a few of the local contingent who can "tell a song or sing a story" in a way that will maketh the heart glad. Be it further remembered that Kansas City is not the least short on school houses or bath tubs, and while it is doubtless of little interest to the profession at large, we might add, churches. The street car service here is unexcelled in this country, which obviates the necessity of personal suit-case conveyance from depots to hotels. The hills here are many and steep, which affords fine drainage, and might be utilized by a "peppery party named Kraft" for coasting in his wheel chair, should he seek kittenish diversion.

The meeting in Kansas City will be not only Kansas City's meeting, but Missouri's meeting, and, in fact, the entire Southwest lays claim upon the honors which is evidenced by a letter to us from Dr. Hensley, of Oklahoma City, which reads in part: "I have been officially advised of a change of the Institute meeting from here to your city. Now, Doctor, I regret very much that the executive committee thought wise to do this, but wish to say to you and your people, I am ready to do anything in my power to make the meeting a success. Call upon me at your pleasure."

The sessions will probably be held at the Midland Hotel, which is owned and managed by the same company that owns the Bathmark Hotel, one of the most perfectly appointed hostelries west of New York, and which is now being enlarged to twice its former capacity.

Any detailed information desired by any member of the Institute will be gladly furnished by any Homœopath physician in either Kansas City, Missouri, or Kansas City, Kansas.

OBITUARY.

Dr. Freda M. Lankton.

Omaha, December 5th, æt. 49. Homœopathic College, Iowa State University.

Dr. Charles A. Dorman.

New Haven, Conn., December 5th, æt. 64. New York Homœopathic College, 1869. Dr. Dorman was a veteran of the Civil War.

Dr. Henry A. Cummings.

Muskegon, Mich., November 29th, æt. 30. Hahnemann Medical College of Chicago, 1901.

Dr. Silas A. Boynton.

Cleveland, O., December 2d, æt. 72. Homœopathic Hospital College of Cleveland, 1862.

Dr. Thomas G. T. Burd.

Flemington, N. J., December 2d, æt. 61. Hahnemann Medical College, Philadelphia, 1874.

Dr. Edgar P. Northway.

Lordsburg, N. M., December 13th, æt. 35. Hahnemann Medical College, Chicago, 1903.

Dr. George A. Taber.

Richmond, Va., December 14, 1907, æt. 55. University of Michigan Homœopathic Department, 1877.

Dr. C. C. J. Wachendorf.

Sioux Falls, S. D., December 28th, æt. 43. Pulte Medical College, 1891.

Dr. A. A. Hoag.

Bridgeport, Conn., December 30th, æt. 47. New York Homœopathic Medical College.

Dr. H. A. Worley.

Omaha, Neb., December 10th, æt. 58. New York Homœopathic Medical College.

Dr. James H. Blake.

Houston, Texas, December 16th, æt. 61. Hahnemann Medical College, Philadelphia, 1870.

Dr. R. C. Black.

Ferguson, Mo., January 5th, æt. 46. Hahnemann Medical College, Chicago, 1893.

Dr. J. S. Cron.

Gladbrook, Ia., January 1st, æt. 51. Hahnemann Medical College, Chicago, 1884.

Dr. J. W. Moliere.

San Francisco, Cal., December 29th, æt. 81. Detroit Homœopathic College, 1874. Dr. Moliere was a well known and much respected physician of San Francisco.

Dr. C. A. Geiger.

Beaufort, S. C., December 20th, æt. 45. Hahnemann Medical College, Philadelphia, 1887.

Dr. D. H. Gregory.

Newark, O., December 31st, æt. 71. Western Homœopathic Medical College, Cleveland, 1859. Dr. Gregory was surgeon of the 135th Ohio Regiment during the Civil War.

Dr. C. E. Stroud.

Sandusky, O., January 2d, æt. 61. Detroit Homœopathic Medical College. 1872.

Pharmacodynamics and Therapeutics

Amyl nitrite at the Menopause.

At the menopause there is a group of symptoms very annoying to the woman affected, and very aggravating to the doctor who does not know how to prescribe. The patient seeks relief for flushing of the face; a sensation of intense heat about the face and neck; palpitation of the heart; spells of weakness or prostration so great she is frequently compelled to sit or even lie down; the flushings, etc., followed by free perspiration. With these there is more or less pronounced anæmia, mental depression (sometimes amounting to almost melancholia) and broken slumber. For the general "run-down" condition tincture chloride of iron and generous diet should be ordered. For relief of the immediate distress amyl nitrite may be depended on in most cases; it relaxes the whole arterial system, greatly reducing arterial pressure. One-half to three minims may be taken either by inhalation (by breaking glass beads containing the drug) or by the stomach (dissolved in alcohol—five drops to the dram), the solution being dropped on sugar. In some cases no more than a tenth of a drop causes bad feelings; in which the drug must be discontinued.—American Jour. of Clinical Medicine.

Lilium tigrinum

Says Dr. Burkhard, of Berlin, is the most helpful remedy I know of in nervous heart disturbances of women with all sorts of sensations, fluttering, etc.

Ambra grisea.

Is a useful remedy in certain forms of hypochrondriasis, which are marked with sleeplessness or by disturbed sleep, waking frequently or troubled by anxious dreams. Further, there is great languor and weakness in the morning, passing off as the day advances, a pressing frontal headache, oftenest in the region of the eyebrows, with vertigo. The patient is excited, anxious and sad, which increases to disturb memory. There is pressure in the epigastric region and abdomen, coldness of the limbs, sweat at night, and many other neurasthenic symptoms to which this often overlooked remedy corresponds.

Asparagus.

Like Digitalis, possesses the power of diminishing the action of the heart and increasing the urine without irritating the stomach, hence it is serviceable in hypertrophy and palpitation of the heart, and it also relieves the nervous pains even when dependent on organic disease. Riecke relates a case of a man in Paris suffering from palpitations who was relieved every time he ate asparagus.

Phaseolus nana.

Dr. Cushing, the prover, reported a very weak and fluttering heart as a characteristic symptom.

Adonis vernalis.

The first exact pharmacological studies of this remedy come from Russia. It resembles Kalmia in its action, indeed the similarity is surprising. The symptoms of the joints and aponeurosis in connection with the heart symptoms show a similarity that is not found elsewhere in the materia medica. The differences are these: Adonis is rather left-sided in its symptoms of the head and limbs, has more definite stomach symptoms, and influences the heart more powerfully. In chronic heart affections the rheumatic indications will serve for a choice of remedies. No other heart remedy shows more of these.

Dr. H. F. Biggar is golfing through Georgia. A card received from him indicates that the turkeys gobbled when they heard the joyful whiz of his "drives."

Dr. H. E. Beebe, of Sidney, Ohio, has now associated with him his son, Dr. Hugh M. Beebe, of the class of '07, Homœopathic Department of the University of Michigan.

Dr. C. F. Warner, our Washington correspondent, has gone abroad for study.

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Electro-Therapeutics

PLASTIC X-RAY PICTURES, OR RŒNTGENGRAMS.

BY WILLIAM H. DIEFFENBACH, M. D., NEW YORK.

In New York Medical Journal, December 7, 1907, the writer presented a number of plastic x-ray pictures and gave the technic of his procedure in their production. We have since modified the technic to a slight degree, and the pictures shown in this journal are in our opinion an improvement on the first lot printed. The technic follows:

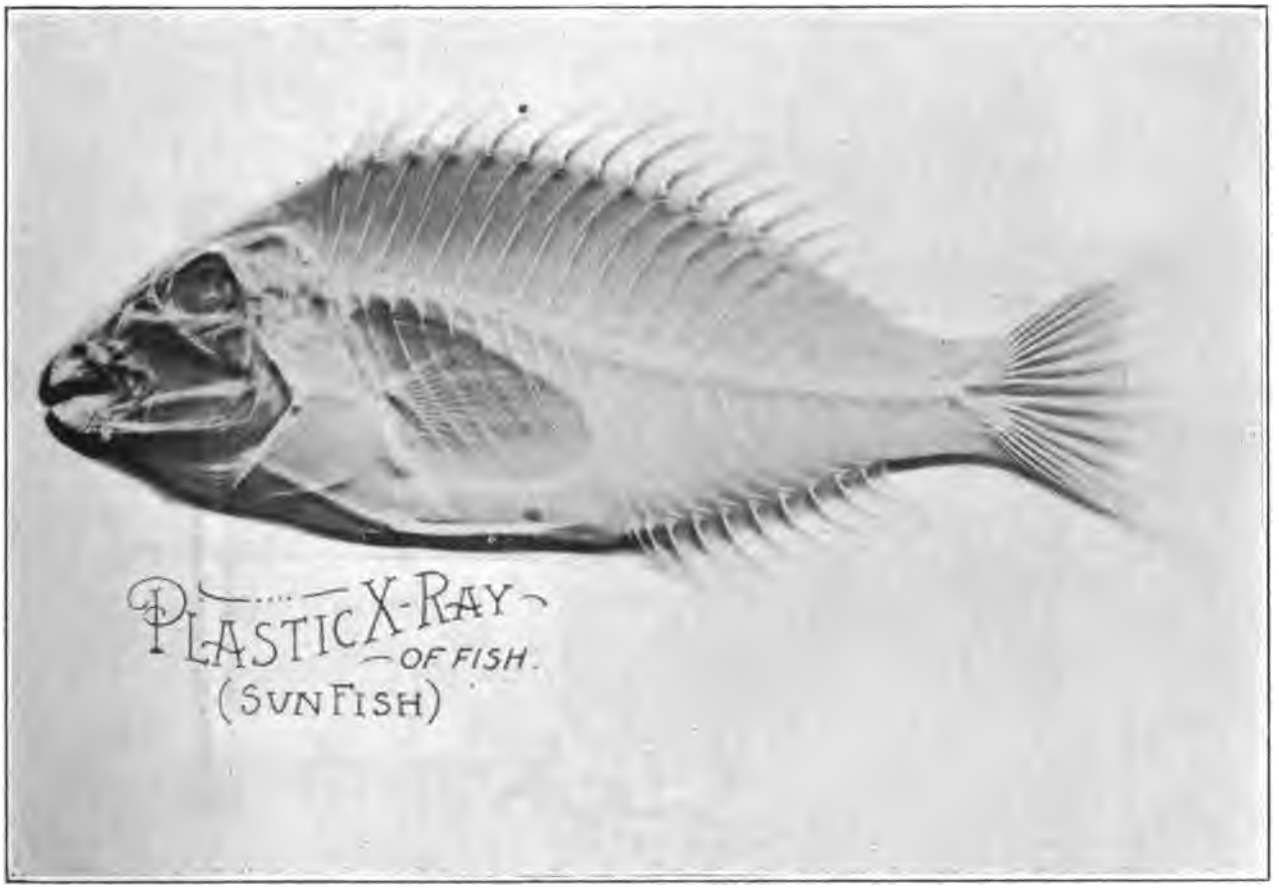
I. Lumiere x-ray and slow plates are employed.

II. Low tubes are selected with 4-5 Benoist penetration at 8-10 amperes and long exposures depending on the depth of tissue, thirty seconds for hand, two minutes for elbow or knee, five minutes for pelvis, are given instead of the former short timing.

III. We make but one exposure, eliminating the indirect rays and many secondary rays by means of a small diaphragm with the tube in a lead covered box and from 14-20 inches from the object to be rayed. We have also employed a steel covered diaphragm anode tube for this purpose.

IV. The plate developed, fixed, washed and dried in the usual manner, avoiding excess of contrast.

V. The positive is then procured from the direct negative, using and exposing same in the printing frame carefully so as to avoid fogging. Equal density of the plates is also required.



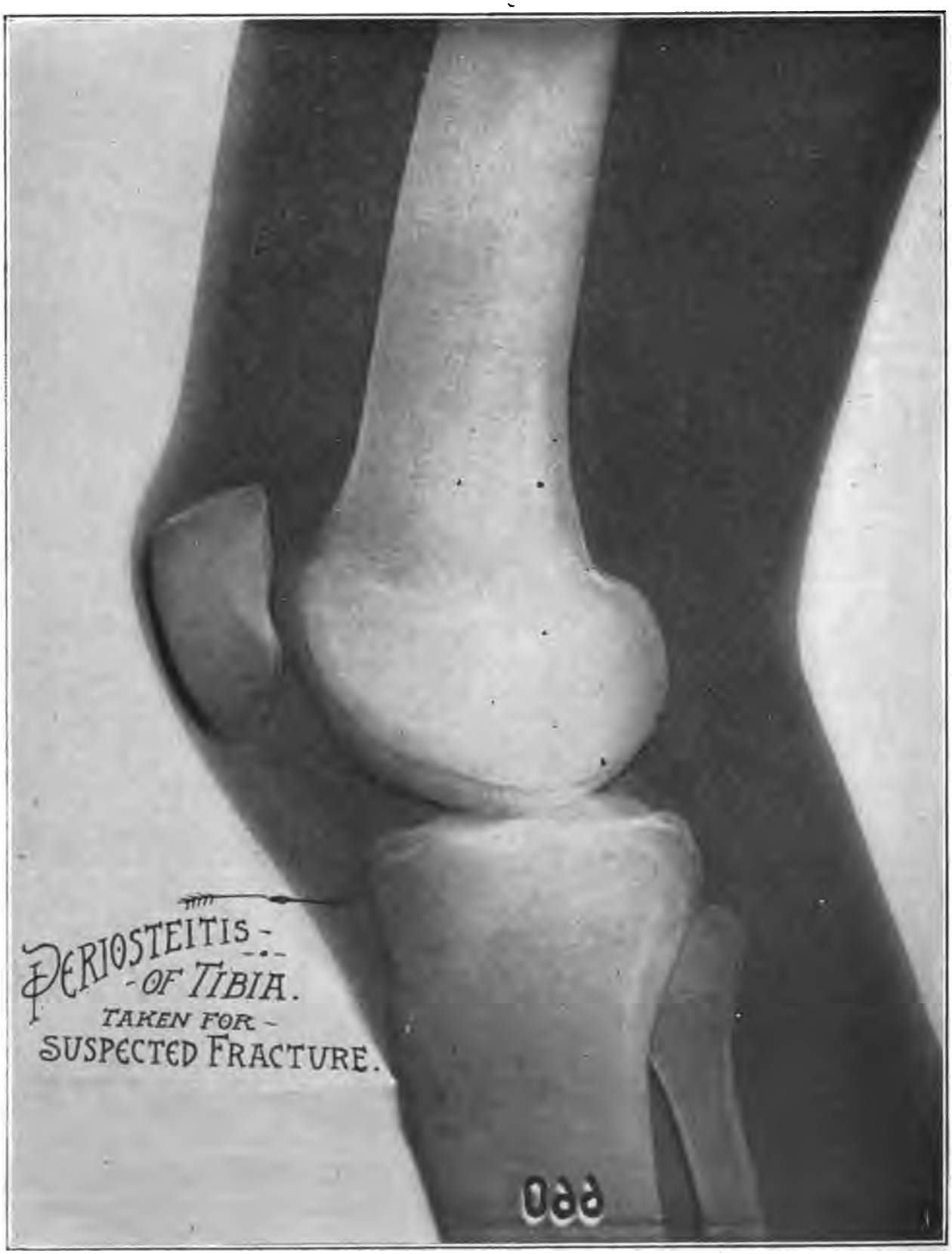
VI. With both plates dried, the glass sides are carefully cleansed and placed together, making the outlines register accurately by holding them up to a good north light. If good approximation has been secured, the plates are bound together with lantern slide binder, care being taken not to disturb the accurate position.

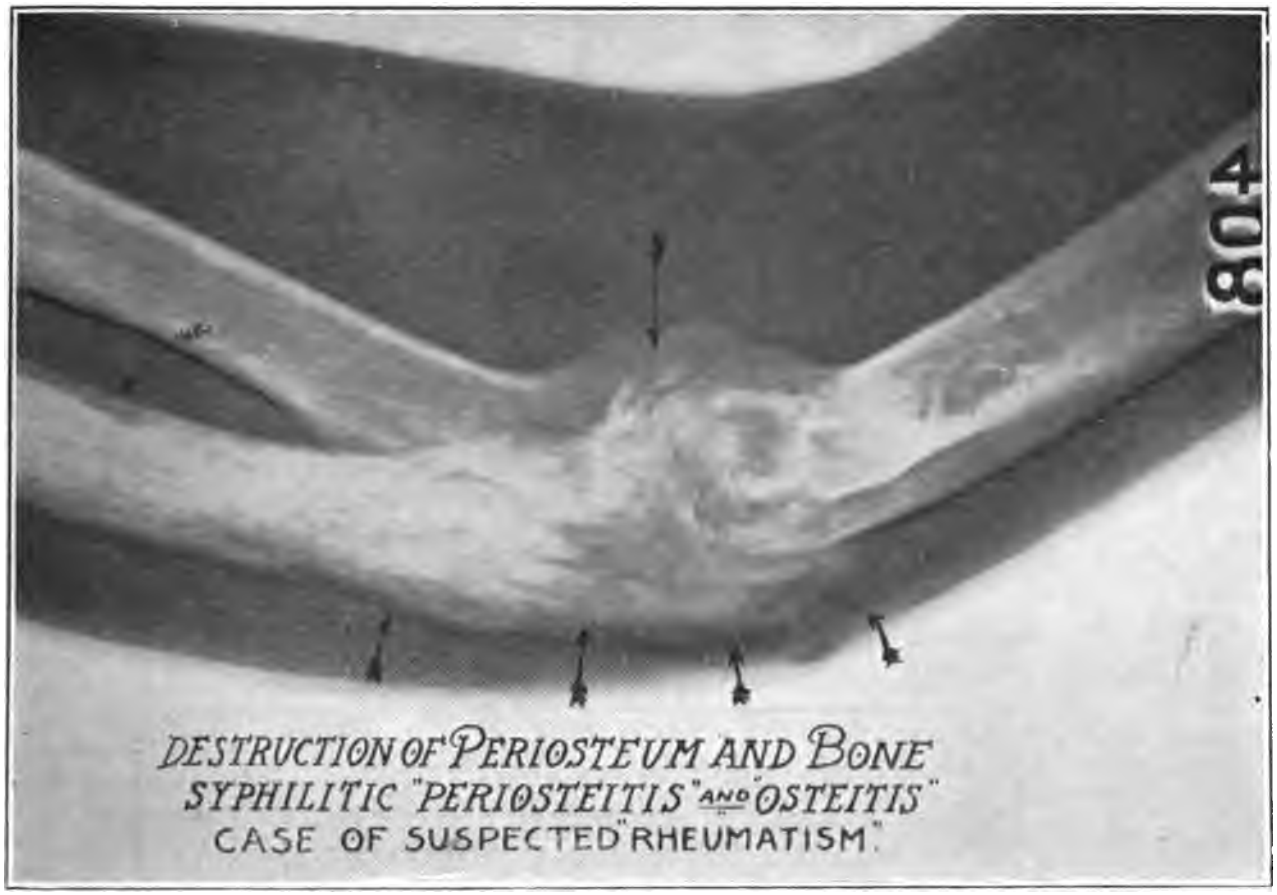
VII. The joined plates are now placed in the printing frame, using the positive side to print from, and employing a slow bromide paper (carbo and portrait argo). Exposure depends on the character of the light, the frame being placed at an angle of 45 degrees in a north light.

VIII. The paper is then developed in an anti-friction developer, rinsed, fixed in a fresh acid hypo-bath, and when washed is ready for mounting.

If permanent records on plates are desired another plate must be made from the plates as arranged instead of using the paper, and the prints subsequently secured from a fourth plate taken from the third. Thus plates one and two as described furnish plate three, from plate three we secure plate four, and the latter is the permanent record from which prints are made.

This latter method (excepting differences in exposure and developing) is the method first described by Alexander in Vol. X., No. 1, "Fortschritte auf dem gebiete der Roentgenstrahlen." The method we employ is quicker and the detail seems to be superior in some respects. In experiments made on dead animals by using very low





DESTRUCTION OF PERIOSTEUM AND BONE
SYPHILITIC "PERIOSTEITIS" AND "OSTEITIS"
CASE OF SUSPECTED "RHEUMATISM."

SHOWING BULLET IN HAND ALSO LOCALIZER - USED BY DR. WM. H. DIEFFENBACH.

tubes (diaphragmed) and long exposures we have been able to clearly define the intestinal canal, and if this can be repeated in the living, another immense step forward in Roentgen diagnosis will have been secured.

We do not advocate these Roentgengrams for fractures or for the location of foreign bodies, although they show detail very well. The usual quick method will suffice for these lesions. This plastic method is, however, of great value in the study of normal and pathological osteology. We have diagnosed several obscure cases of so-called rheumatism as syphilitic osteitis or arthritis by means of these plastic pictures, and the conditions of the periosteum and the bones themselves can be clearly defined. Osteitis, periosteitis, osteommalacia, osteomyelitis, tuberculosis of bone, osteoma and osteosarcoma can now be readily diagnosed by this improved method.

In osseous deformities, congenital and acquired, in acromegaly and in some rheumatic conditions these plastic pictures will be serviceable. By using low tubes we propose demonstrating syphilitic gumma of the brain more clearly than by present methods, and extend the application to the alimentary tract and viscera without the employment of opaque substances (bismuth subnitrate).

Gynaecology

EXTREME DEGREE OF PROCIDENTIA UTERI.

BY JOHN M. LEE, M. D., ROCHESTER, N. Y.

It is not the intention of the writer to dwell upon the etiology, symptomatology, pathology or diagnosis of procidentia uteri. These can be all found satisfactorily treated in the literature of the profession; but the surgical treatment of the disease, in my judgment, has not yet been properly met. No substantial improvement has been made during the past thirty years and there is no operation recorded in the text books to which we may turn with assurance that any patient may be permanently cured.

Thirty years ago it was thought that by colpoperineorrhaphy and anterior colporrhaphy either with or without amputation of the cervix, the desired result might be obtained. These operations appeared to serve the patients fairly well for a few months or years, but, finally, they relapsed and were frequently as bad as ever. Later on, these operations were supplemented by shortening of the round ligaments, as brought to the attention by Alexander. Within a short time the ligaments were found to be inadequate to support the uterus, and the benefits were slight or altogether wanting. Then the uterus was sewed to the abdominal wall, but in a little while it was detached or the peritoneum stretched out so as to form a long ligament, and the disease was reproduced. The next procedure was vaginal hysterectomy, and for a time this operation was lauded and the profession believed that the result so greatly desired had at last been attained. In many of the cases after a few years, the distress returned; the rectum and bladder rolled down in the vagina and the condition of the patient was as bad, or even worse, than before the operation. Later, reefing of the broad ligaments came into vogue, supported by operations within the vagina or about the cervix, all of which lacked the great requisite of absolute cure.

About ten years ago I had proved the inefficiency of these operations and felt that there was nothing up to that time that promised to restore these unfortunate women to sound health. In 1898 I read the following report of a case in the Hahnemann Monthly, at page 279, on "The Correction of Inveterate Hystero-Recto-Vesico-Ptosis by Laparotomy, and Implantations of the Uterus Within the Abdominal Incision," by my highly esteemed friend, Dr. T. L. Macdonald, of Washington, D. C. I give his operation in full:

"She was anæsthetized, placed in the lithotomy position, and the mass pushed within the vagina. The hands were resterilized and an incision about two and one-half inches long carried through the abdominal wall exposing muscular structures. A nurse then grasped the cervix, and, by introducing the hand and forearm within the vagina, pushed the fundus out through the abdominal wound. Here it was turned somewhat, so that the anteroposterior surfaces were in contact with the sides of the incision, and pressed and maintained in the upper angle of the wound. A half-dozen silk-worm sutures were introduced through the abdominal wall, then deeply through the muscular wall of the uterus, and outward through the abdominal wall on the opposite side. Then the incision was closed, layer by layer, and with a few supportive "through and through" silk-worm sutures. A small area of the fundus protruded through the lips of the wound and was left to cutify. Only a brief period was occupied with this work. The vagina was then inspected and found widely distended and sufficiently patulous, easily to admit a tea-cup; and although the bladder and rectum were drawn tautly upward, a few minutes more were devoted to the performance of an anterior and posterior colporrhaphy, and the patient placed in bed. There was no shock. The recovery was eventless, the bladder and bowels showing almost immediate improvement. The silk-worm sutures were left in place for three weeks. The cervix is high and can scarcely be reached by the examining finger; the fundus can be felt firmly imbedded in the abdominal wall. The patient is so well that she is a constant surprise to herself. The bladder and bowels act normally.

Comments.—The production of adhesions between the fundus uteri and the parietal peritoneum, just above the pubis, for retroversion is familiar; but it would have been of little service in this case, as the bladder and bowels would still have protruded—such was the degree of pelvic relaxation. Shortening the round ligaments would have been useless: first, because this procedure would not have raised the uterus high enough "to take the slack" out of the vaginal walls; and second, be-

cause this means of support (even when combined with colporrhaphies) would not have been strong enough to sustain the weight of the protruding organs and overlying viscera, not to speak of the intra-abdominal pressure. Colporrhaphies would have been inadequate and only temporary. La Fort's operation of closing the vagina is open to the same objections, and, what is equally important, neither of these operations would have taken the "kinks" out of the bladder and bowel and drawn them into place.

After careful consideration of the subject, as brought to my attention by Dr. Macdonald's report, I determined to devise an operation from these suggestions upon the next case that presented. It was not long before a suitable patient appeared, and I performed the operation off-hand, as follows, without further thought or deliberation:

As is my invariable custom, the patient was prepared for vagino-abdominal operation, when I always feel at liberty to open the abdomen and extend the operation into the vagina if necessary.

The patient was placed upon the table, the uterus restored to its usual position by an assistant, an incision made in the median line above the pubis only large enough to receive the fundus uteri, which was brought up by a tenaculum and held in postion so that the fundus projected above the skin. An old fashioned hysterectomy pin with a metallic guard for the point was passed through the substance of the fundus from right to left to support the uterus during the healing process. Its point was entered a quarter of an inch inside the origin of the tube on one side and made to emerge at a corresponding point on the other and care was taken not to enter the cavity of the uterus. The metallic guard was securely fastened over the point of the needle and the tenaculum removed.

It was then determined that the incision was only large enough to nicely and comfortably receive the uterus. The peritoneum was sutured to the uterus by a single point of catgut suture directly in front of the uterus at the lower angle of the wound and at a corresponding place anteriorly. Then the fascia was examined and found to have been incised in such a manner as to comfortably fit around the uterus. It was sutured to the organ at convenient points laterally with catgut stitches, and the skin, fat and the fascia were attached to the uterus by silk-worm gut sutures anteriorly and posteriorly each of which was securely anchored to the uterus so as to hold the organ firmly in position. Then a piece of number one catgut was carried as a continuous suture completely around the cutaneous border uniting the skin to the fundus so as to leave the organ projecting through the skin about a quarter of an inch. This left a circular portion of the fundus the size of a quarter of a dollar exposed. Little gauze pads were placed under each end of the transfixion pin and the wound dressed. It was then found that there had been an extensive laceration of the perineum and the rectocele was still somewhat apparent. Hager's colpoperineorrhaphy was performed and the patient placed in bed.

The abdominal tissues united to the uterus quite as readily as they unite to one another. The silkworm sutures were removed on the tenth day and the transfixion pin on the twentieth day; shortly afterwards the patient was allowed to get up and was discharged at the end of the fourth week. She remains well at the present time, ten years from the date of operation and the cure is permanent. Since that time I have treated all cases of procedentia uteri in this way with universal success.

Where small fibroid tumors are encountercountered they are extirpated, the incisions closed and the operation proceeded with as if the uterus were normal.

In cases of young women who have not passed the climacteric, the operation is contra-indicated unless the appendages are hopelessly diseased; then after double salpingo-oophorectomy the operation may be proceeded with as in cases of women who have passed the menopause.

Where there is no considerable perineal laceration or rectocele vaginal work is unnecessary, as the uterus securely holds the bladder and rectum in place. Washerwomen and others in any avocation, no matter how laborious, may have this operation with absolute certainty that they will remain sound from this disease throughout life.

In cases where it is necessary to make the incision larger than to comfortably receive the uterus in order to remove fibroma, ovarian tumors, or to do other operations in the peritoneal cavity, as occurs in about one case out of three, the incision may be closed down to the uterus anteriorly and posteriorly after the necessary intra-abdominal operations have been completed, then the operation may be proceeded with as before described.

After six weeks the portion of the uterus that projects through the skin so closely resembles that structure that it is difficult to recognize the uterine tissue.

I am aware that one may argue as an objection to this treatment the danger of intestinal entanglement and obstruction of the bowels. I have performed ventrofixation many hundreds of times and have never experienced any ill effects from this cause; therefore, I believe this danger is exceedingly infrequently made and need not deter us.

My results in forty operations have been so very satisfactory that I feel I would not discharge faithfully my duty if I did not strenuously advocate the performance of ventral suspension in all cases of procedentia uteri in which child-bearing is impossible.

[N. Y. State Hom. Soc.]

Picric acid

Is an excellent remedy in prostatic hypertrophy, especially in cases not too far advanced. The nightly urging to urinate is relieved, and the residual urine lessened as well as the irritation at neck of the bladder. It has also proved useful in advanced cases that can only get relief by catheterization, and have as an accompaniment a high degree of cystitis.

Neurology.

SELECTION OF THE REMEDY FOR EPILEPSY.

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

I have received a good many letters asking me to indicate the proper method for the selection of the indicated remedy in epilepsy.

In order to give my class a better idea as to the method, than I have succeeded in doing previous years, I this year quoted from my case records the following four cases, eliminating all that did not pertain to the selection of the remedy, at the same time keeping all that was essential, or that could be helpful.

It is of the utmost importance, of course, to make a thoroughly exhaustive study from a diagnostic and pathologic point, of every case of Epilepsy or Epileptoid. After all possibility of the case being any organic disease with convulsions, or the result of any reflex irritation, we have no choice in the treatment except in finding the similimum of the patient, of that particular individual, not of the special Epileptic symptoms.

There can be no reasonable doubt to-day that these pure epileptics have as the one great etiological factor a something, we know not just what, that renders the person susceptible to this peculiar manifestation. This same something that "we know not what" causes this person to differ in his total make-up and combinations of life, and its activities from every other living persons. It is this "we know not what" for which we must prescribe if we are to be successful in the treatment of the dreaded disease.

Case 1.—Found in the history between attacks and previous to the first. From childhood there had been a tendency to want to be well covered at night, always wanted the bed clothes pulled tightly about the neck. He had always been nervous, rather inclined to be blue, morose, hypochondriacal, hysterical, anxious about many things and easily frightened. He never felt as well in summer as he did in winter, nor as well in damp weather as in dry. While so careful about being closely covered at night, he did not like a warm room. Inclined to have a dull heavy headache from mental exertion. The appearance was cachectic. He was rather thin, and previous to his first attack had grown very rapidly for two or three years. Was sixteen years of age. In addition I found the aura consisted of a permanent dilation of the pupils for twenty-four to forty-eight hours previous to the attacks, and that the attacks always came on at night. Argentum nitricum was clearly the remedy.

Case 2.—A girl thirteen years of age. Had had only four attacks, but all had been within thirteen months. No assignable immediate cause and no reflex irritation to be found. There had every time been involuntary discharges of fæces and urine. The convulsions had been very violent with a great deal of difficulty in respiration and clutching at the throat. They commenced in the upper extremities, spread to the face and then became general. In regard to the time previous to and between the attacks I got the following data: Had always been inclined to be absent minded and forgetful. Had rather frequent attacks of nightmare when a young child, with fearful dreams of uncanny things. Had always and still does grind her teeth while asleep. Quite inclined to furious temper. Very nervous and excitable over mere trifles. On several occasions she had swelling of various glands. Caught cold easily from exposure, especially of the head. The bowels while usually regular bothered her often by an ineffectual rather persistent urging. Would often have spells when she did not sleep at all well. Would go to bed feeling very sleepy, but could not drop off to sleep.

She had a large head, blue eyes, and was a blonde. Here we found Belladonna indicated.

Case 3.—The attacks always occurred in the night. It was an old standing case. Had had attacks more or less regularly for seventeen years. Sometimes three or four a night for a week or more. At times would skip a week or even a month. That which I considered an aura is a feeling of chilliness of the whole left side of the body, and following the attack there often a transitory attack of paralysis of the right side. As to the conditions previous to the first attack and between the attacks, noted, were first a marked egotism with this, nearly always very anxious, and worried about himself. As a child had frequent unusual outbursts of temper. Had a peculiar sensation that was quite frequent, nearly always on going into a dark room he would feel as though there was a very heavy weight on top of his head. Always had very frequent attacks of a cold in his head. If he rested on his arms either lying down or sitting up they became numb very soon. Quite inclined to feel heavy, weak, depressed, which he is able to throw off by volition.

Had as a young boy been quite a somnambulist. Always after a thunder storm had some dyspnœa, at times quite severe, lasting a few hours only. A study of these led me to Silica, which was given.

Case 4.—A boy eleven years of age presented. Had attacks once or twice a week; commenced at four years of age, increased in frequency quite regularly. The first five minutes with him determined that he had been taking the bromide treatment.

His whole appearance was as if half asleep, a dull sleepy drowsy expression. Moved slowly and in a loose jointed way, dragged or shuffled his feet in walking, and talked very slowly and low. I learned that his memory had never been very good. The mother who presented him could not talk or understand English, and this was all I could get at the first interview. I learned later from the physician who referred him to me, that he had never taken a dose of bromide. That while during the last two years he had seemed to grow more dull, yet he had even as a baby acted tired, but developed strongly. His teacher said that while he was slow to comprehend and it seemed hard for him to remember, yet he was an average student as to advancement, and once he got a thing packed away in his mind he retained it. The information from the doctor and teacher, of course, dispelled all idea of bromism, as well as of feeble mindedness. The symptoms I had secured were evidently indicative

of his natural condition. I could get no description of the attacks that was of any value. While the bromide does not usually have any such lasting action, and I could not find in its symptomatology anything like epileptic convulsions, yet this was all the guide I had, and I gave him Bromium in potency.

In each of these cases the cure is complete. In none of them has the period of freedom from attacks been less than three years.

My point is that the selection of the similimum must be from the symptoms preceding and between attacks. We must fit the individual.

Practice of Medicine.

A CLINICAL STUDY OF PULMONARY TUBERCULOSIS.

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Third Paper.

The object of this paper will be to call attention to the common errors in diagnosis.

Probably the most common of all is in calling a tubercular process in the bronchial tubes or lungs chronic bronchitis. As a matter of fact, an overwhelming number of cases of pulmonary tuberculosis have chronic bronchitis as a complication. The latter is due to the irritating action of the toxins, which are a product of the disease.

There appear to be two reasons for this mistake in diagnosis: One, is the desire to coincide with the opinion of the patient and his relatives, who invariably prefer bronchial to lung trouble, as the former conveys to them a condition of much less severity than the latter. The second course of error is much more excusable, it being made because of the inability to find any gross lesion of the lung and of the consequent necessity of explaining in a satisfactory manner the cause of the cough, expectoration and rise of temperature.

We all know in distinct cases of chronic bronchitis or pulmonary tuberculosis that a diagnosis is easy and ordinarily correct.

It is in the fibroid type of pulmonary tuberculosis where symptoms are often identical to those of chronic bronchitis. In fact, the bronchitis which always accompanies these cases may give the predominating symptoms and hence the confusion.

The microscope will practically establish a diagnosis in all cases, especially if the sputum is examined from a large number of samples.

Without this examination it matters very little what one doctor or another doctor thinks; his opinion is both valueless and incomplete and he will be doing the patient a kindness in withholding it.

It is as harmful to tell a patient he has chronic bronchitis and not tuberculosis (if the real diagnosis be that of pulmonary tuberculosis), as it is to give an opinion vice versa.

While, as a matter of fact, the treatment for both is about the same, it matters a great deal to the relatives and friends, to know whether danger lies in the expectoration, and if it be tuberculous, we all agree that it does.

It is as much the duty of a physician to prevent the infection of others as it is to treat the disease, and consequently a correct diagnosis is practically demanded of him.

In a fair number of cases there is a history given of what has been called a mild typhoid (walking typhoid), typhoid lasting two months and yet able to be up; now we all know that ninety-nine per cent. of these cases are tuberculous, and have been so from the commencement, and that the daily temperature was simply the initial fever of tubercular infection.

If just such errors were not made frequently, the writer would not at this particular time be engaged in this article.

It is true that there may be a mild type of typhoid, but in these types called walking types, the fever does not last but a few days, and should the diagnosis be puzzling, the Widal test should be made.

It seems that physicians have construed the term "walking typhoid" to include fever cases of ill-defined origin, where patients are able to walk about. It would be better if the term were eliminated from our text books, as it simply denotes a condition not definite.

If there should be a daily rise of temperature of indefinite origin, lasting over three weeks, it would be our duty to employ the tuberculinum test and dispel at once the doubt.

A tubercular temperature has been called catarrhal fever in one case referred to me. Just where the term originated and by what right it should be employed in an ill-defined case I do not know. In many of the intermittent and some of the remittent types of tubercular fever, we hear it called malaria. It is safe to say that the name malaria has masked more types of disease than any other term incorrectly used. Malaria can mean but one thing, and that an infection by the plasmodium malariæ and the chronic condition occasioned by it.

In the purely tubercular temperature caused by the action of the tubercle bacillus or its toxins, there is frequently observed a daily chilly period, occurring usually at a regular time, followed by fever and sometimes sweat. This, we will admit, simulates true malaria. Later, in a tubercular disease, after the occurrence of mixed infection, there may be seen a hard chill occurring with marked regularity, followed by a high fever and sweat.

This we know to be a chill of septic absorption and yet recently a member of our school informed me that practically all cases of tuberculosis in which these symptoms occur he considered to be a malarial complication.

In all modern literature there is nothing to confirm his opinion and it is high time that the profession recognizes malaria in its true form and not use it as a mask or a term for too many diseases.

So far as remedies are concerned it matters little whether we call it malaria, sepsis or tubercular infection, provided they are selected upon symptoms,

but it certainly matters to those associated with the patient whether his sputum contains tubercle bacilli or not.

It might be well at this point to enlarge upon the etiology of the fever, which is a symptom in most all cases of pulmonary tuberculosis. It is by far the most important of all symptoms, both from a prognostic and therapeutic standpoint. It is, essentially, a fever of the infection, but unlike other infectious fevers it is characterized by irregular variations and changed, corresponding to the course of the disease.

It has been classified conveniently into six types: First, an intermittent fever, rising above normal for certain hours in the afternoon to 100° F., receding towards evening; second, the same as the first, excepting that it is preceded by a slight rise and fall; the third, same as the second, but a rise of temperature to 103° F., or even higher; fourth, fever of considerable height with remissions much below normal, indicating a far advanced condition and a sign of early dissolution; a continuous remittent fever of a pneumonia type, ranging from 100° to 104° F., with severe chills and sweats, indicating the florid type of the disease; sixth, inverted type in which fever appears in the morning and disappears in the afternoon.

The cause of fever in the first two types is due to the tubercle bacillus and its toxins with subsequent absorption. The cause of the third and fourth is the same as the first two, with the febrile action of the products of pus forming bacteria.

The height and course of fever is modified by the individual, as some are more responsive to the irritation of heat centres than others. The absorption of nourishment has a slight effect upon the temperature as well as exercise in its various forms.

There are, of course, many complications, such as pneumonic foci, pleurisies which modify the temperature.

As a rule, fever indicates the advance of the process or caseation and is proportional to them. Intervals of no fever indicate an arrest of the disease. Fever in the late stages indicates an increase of the tubercular process or a breaking down of the tubercular foci; the products of the disease being aspirated into the healthy portions of the lung and an inflammatory process results, which gives rise to the continuous fever noted in type five.

The intermittency of the fever is explained by the fact that absorption takes place at febrile intervals until the system is surcharged. The fever arising causes a rapid excretion of these products, whereupon it returns to normal only to again be charged with the poisonous toxins.

Activity favors absorption and rest quiets it, consequently we notice the febrile action in the daytime after a period of activity in the morning.

The fever, undoubtedly, is the most destructive of all symptoms, as it reduces the weight, disturbs the appetite and favors an increase of absorption. The heart is weakened and the loss of strength general.

The amount of injury done by the fever depends upon its height and length of duration.

Generally speaking it is prognostic, as cases of febrile action are proportionately favorable or unfavorable, to the mildness or severity of the fever.

PNEUMONIA, FROM THE OBSERVATIONS OF A LAYMAN.

BY A. G. STEPHENS, NEW BEDFORD, MASS.

Pnuemonia to-day is attracting the attention of the public generally as well as that of the medical profession, as it has never done before, and as possibly no other disease has ever done. From the fact that it has been with us, with all of its present prevailing symptoms, for many years, and that statistics show the percentage of the death rate to be increasing, while that of consumption, typhoid and other diseases hitherto so fatal, has decreased, places pneumonia in a class almost by itself.

There are few who can hear of a case of pneumonia without experiencing a greater feeling of doubt as to the outcome than would be felt in perhaps any other acute disease. It would seem to stand to-day, according to the declaration of the regular medical profession, exactly where it did twenty or more years ago, so far as any knowledge of its treatment or cure is concerned.

Dr. Arthur D. Bevan, whose name stands high in the profession, must have startled more among the laity than the writer, when they read of his having said, before the Medical Society in Chicago, during the spring of 1904, that "Drug treatment is useless in cases of pneumonia. The medical profession, as far as medicines are concerned, can be of no assistance in the fight against this disease. The sooner the profession will acknowledge this to the public, and set to work to discover some specific to save pneumonia patients, the better for all concerned."

This, then, is their attitude to-day, while Dr. Osler, whose name as an authority in medicine is too well known to be questioned, says in his "Practice of Medicine," published in 1894: "Pnuemonia is a self-limited disease and runs its course uninfluenced in any way by medicine; it can neither be aborted nor cut short by any known means at our command." Here is another quotation from this same author from an address before the Pathological Society of Philadelphia on May 10, 1907: "There still confronts us men of medicine a great group of incurable diseases. Pnuemonia, for example, has always been and is to-day a fatal and dreaded disease. There is no treatment for it—that is, none worthy of the name." These statements are practically the same, and attest the fact of no progress in their knowledge of, or ability to cope with, the disease during the past twelve years, at least."

What are we to think about this? Does Dr. Bevan's remark, "The sooner the profession will acknowledge this to the public, and set to work to discover some specific, to save pneumonia patients, the better for all concerned," imply a laxity in their efforts heretofore?

We are loath to believe that, and yet it was also reported at the same time that, when Dr. Bevan made this frank statement before the society where it was so surely to be reported to the world, several physicians, even while being compelled to admit its truth, "protested against its acknowledgment, basing their protests only on the contention that the physician might influence the patient favorably by easing him somewhat, and by the moral effect of his presence."

Does that look as if they wished to give the public fair treatment?

If it be true, should we not know it?

If there were only the one school of medicine silence would perhaps be more justifiable; but, in view of the fact that they do not stand alone in the work of healing the sick, the only honorabe way is to say as Dr. Bevan practically did: We know of no remedy for it, can do nothing but experiment and aid you with the moral effect of our presence, and then leave it to the public whether or not they desire to continue to employ such help as these men have to offer, or prefer to investigate to see if in any other treatment there is anything better.

It also appears that the profession has year after year been taking advantage of an ignorant public, giving us the benefit of the moral effect of its presence, as a cure, and such treatment would perhaps have continued indefinitely, but for the courage and honesty of Dr. Bevan in bringing the truth before the public. It may be contended that this same statement was made by Dr. Osler years ago; true, but it was made to the profession, in his "Practice of Medicine," a work not generally read by the public, and it is Dr. Bevan who must be given credit of opening the eyes of those who care to have them opened.

It may not, then, be an unnatural or unpardonable question, in the minds of those who are in no position to know what has or has not been done, whether there has been undue negligence in the past; but, leaving this point uncriticized, there are two things which we have learned.

First. That so far as any medical treatment rendered by the regular physician is concerned, we might as well be absolutely removed from sight, sound or communication with him. In fact, it might be better so, for the claim is made that the chances for recovery are greater where dependence is placed only on good nursing and diet, than where drugs are administered by the regular physician.

The average layman wants medical treatment, in a case as serious as the one under discussion, so according to his own claim and admission, the regular physician can hardly be said to fill the bill in this particular disease.

Second. The profession itself at last realizes that the time for action has come—immediate concerted action. To this end there has been appointed within the past two years a commission of eminent men to combat the enemy, to ascertain its cause, its prevention, and its cure. These men all have the highest confidence of their colleagues, and will no doubt consider sacred the trust imposed in them.

It must be, however, that there are many outside of the profession who have, since the widespread admission of Dr. Bevan, been investigating for themselves along another line, and that is to ascertain if any other treatment can show better results than the old school; and it is the facts which I have gained in pursuing such an inquiry that led me to feel that this commission should work not only along its own line for relief, but investigate thoroughly any other treatment extant, especially the homœopathic. They should not, and we hope will not, leave any consideration which presents itself, until it has been thoroughly and understandingly investigated. The time now is when party lines and methods should be ignored.

So far as it has been possible for the layman to investigate, the writer has, during the past two years, done so, and will give his experience and observations for those who may be interested.

No attempt will be made to give the comparative number of deaths per hundred or thousand cases in each of the two schools, for the average reader is inclined to be skeptical in regard to statistics, which unfortunately can be obtained in such a manner as often to prove either side of a discussion, and this article is intended to call the attention of the general public to the claim of the Homœopathists rather than to prove anything further than that it is a claim at least worthy of fair investigation.

I will quote, however, some of the claims and percentages of the respective schools, each from its own standpoint.

On one point only do the two schools appear to be thoroughly in harmony in regard to this disease, and that is that the general mortality is increasing. That mortality is quoted as having increased five and one-half per cent. from 1880 to 1890, while from 1890 to 1900 it increased over twelve per cent. This knowledge alone is sufficient in itself to make both physician and laity realize the urgent need of greater thought for its prevention or cure, or both.

I have already given the opinion of two eminent men of the regular school, Drs. Osler and Bevan, which certainly must be considered sufficient for that side of the question. In opposition to these men I will quote some of the claims made by eminent physicians in Homœopathy. That school claims that there is treatment for it, that its duration can be materially shortened, and that the death rate is lower under homœopathic treatment than under any other treatment so far known.

This is entirely at variance with the old school authorities, and in support of this statement I quote the following:

Dr. William C. Goodno, Professor of Practice of Medicine in the Hahnemann College of Philadelphia, says in his "Practice of Medicine,"—"Drugs occupy a prominent position in the treatment of pneumonia, the progress of the disease being materially shortened, and its intensity diminished by their employment."

Dr. Edwin M. Hale, late Professor Emeritus in the Chicago Homœopathic Medical College, says: "The mortality in pneumonia under ordinary drug or heroic treatment averages about twenty-five per cent. Under the expectant treatment, which implies the rare use of drugs with good nursing and proper diet, it averages about seventeen per cent.

The average mortality under homœopathic treatment is eight per cent."

The Medical Century, which is edited by Willis A. Dewey, M. D., Professor of Materia Medica in the Homœopathic Department of the University of Michigan, says in its issue of January, 1906, in an editorial under the heading, "Is Pneumonia Curable?"—

"The experience of the homœopathic school of medicine demonstrates that not only is the disease amenable to treatment, but a larger percentage of cases is cured by homœopathic remedies than by any other treatment so far presented." Dr. Richard Hughes, Professor of Materia Medica and Therapeutics in the London Homœopathic School of Medicine, goes still further, and says:

"I can sketch you a treatment which, while rational in its method, gives obvious relief to its symptoms, shortens the duration of the disease, and will rarely permit your patient to slip through your fingers."

Are not these statements sufficiently strong to warrant the conscientious practitioner in investigating to ascertain whether or not they can be borne out by actual facts?

I think we who have suffered and lost at the hands of the regular school, will feel that it is.

The lowest percentage of mortality claimed by the regular school which I have been able to find is fifteen per cent., and I have not found any one responsible for that claim. That this fifteen per cent. is quite as much as they are entitled to is shown by the claims of the following well-known old school authorities given below, which I copy verbatim from "The Medical Century," before mentioned:

"Anders puts the mortality at eighteen per cent., while two years ago, Klebs, in "American Medicine," quoted it as 23.8 per cent. Hay, in the "London Lancet," June 11, '04, says, 9.1 per cent. of patients under twenty years of age die, 41.5 per cent. of those between twenty and fifty, and over fifty per cent. of those over seventy-five."

Professor Edwards, of the Northwestern University Medical School, in his work on the Practice of Medicine, which appeared in 1907, gives the mortality of pneumonia, as follows: In private practice, from 10 to 33 per cent. In hospital practice, from 33 to 50 per cent., and in asylum practice, from 50 to 100 per cent.

This is certainly appalling. It makes the entire average over thirty-three per cent., and of those over twenty years of age, about half must succumb.

On the other hand, the highest percentage given by the Homœopathists is eight per cent. given by Dr. Hale at the time of the publication of his "Practice of Medicine," in 1895, while to-day the claim is only a small fraction over five per cent.

To pursue my investigation still further, I considered the expediency of interviewing several physicians directly, as to their personal experience. In the face of all I had learned, however, I felt a hesitancy about the propriety of such a proceeding so far as related to the regular school. I did, however, go to three homœopathic physicians of large practice and unquestionable repute, two in different parts of New York State and one in Massachusetts. The first, a physician of thirty-five years' practice, told me that he could count on one hand the cases of pneumonia he had lost, unless connected with some other disease. The second, a physician of twenty-five years' practice, said he had never lost a case; but said that he did not have a great many cases of what he called pneumonia, for he knew the disease could be aborted and he did not allow it, in most cases, to reach the stage that he pronounced pneumonia, viz., the actual involving of the lung.

The Massachusetts physician said practically the same, and that, after ten years' practice, of the fifty or more cases treated, all had entirely recovered.

These surely would seem to be exceptional cases, but can any one old school physician show similar results?

Another way in which I have been looking into this matter, and one in which every layman can investigate for himself with comparatively little labor, if he is so disposed, is the following: During the winter and spring of '04 and '05, when the disease assumed such frightful proportions and fatality, I made note of all cases of which I could learn, ascertained who the physician was, what school he represented, and watched results.

Everyone has this privilege, and I think anyone who avails himself of it, will find it, as I have done, not only interesting, but surprising and largely convincing that the chances for recovery from this particular disease are greatly increased if in charge of a good homœopathic physician.

Let each reader review in his mind the cases he can recall where death from this dreaded disease has brought such heart-breaking sorrow to the home—not the cases of the very old (although several of those who have come under my observation during the past two years have been over seventy years of age, and in every case, the patient of the homœopathic physician has recovered) or the alcoholic, or the one having some other disease which lessens the chance of recovery, but the son or daughter in the full vigor of young manhood or womanhood, the hearty, healthy child of a few years, or the father or mother in their prime.

Most of us have known some instances of this kind, in the past two years, and under which treatment have most of them been? What proportion is found under homœopathic care?

Surely my experience cannot have been so entirely different from that which others would have if they pursued the same course.

It is for these reasons we feel that in justice to those who put the lives of their dear ones into the hands of the old school physician, these claims should be investigated not only by the commission, but by every conscientious physician. The truth can be ascertained, if truth is desired and right methods are employed to obtain it.

If the homœopathic claim can be substantiated by facts, and it is beneath the dignity of the old school to adopt that treatment, then we ask, at least, that it shall acknowledge frankly, for the sake

of the lives which may be needlessly sacrificed, its own inferiority in the treatment of this disease. Perfect frankness, and an honest and earnest endeavor to find out the truth now and lay it open before the world, is the only course which can wholly restore our confidence.

It is not characteristic of the progressive or noble mind to be always content with one side of any question, and sooner or later this special question will be settled in the minds of many, among the laity as well as of the profession, who are progressive and at the same time conscientious.

After nearly three years' observation of the ravages of this terrifying disease, the sorrow I have seen resulting from the many deaths and the renewed hope I have gained, not only by what I have found claimed by the new school, but by results which have come under my own personal observation, I feel that if in any way I can help others to think and observe for themselves before it is too late, it is my desire to do it. If this article has in any measure done so, it has accomplished its mission.

THE RELATIONSHIP BETWEEN DISORDER AND DISEASE.*

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

Vital activity has its ideal, or, if your please, its perfect state, which is the subject of physiology, and hence, physiology is the science of normal life. When the vital activity does not attain to the ideal it is then either in the realm of disorder or of disease, the latter being the subject of pathology.

Disorder is the condition that permits of a return of the vital activity to the ideal from merely the removal of the irritant. While disease is that condition of the vital activity which prevents a return to the ideal or normal, after the irritant has been removed.

It may be claimed that disorder and disease are but relative terms, and in a sense this is true, for to be diseased is to be out of order, and to be disordered is certainly to be not at ease, and yet the foregoing definitions give to each a wider significance and make them of practical value in the field of therapeutics.

However, let the words be what you will, the purpose is after all to explain an idea rather than to define words, and the statement that the diseased man is always disordered, while the disordered man may not be at all diseased, lays the idea very clearly before us.

In the main, it is true of disorder, that it acts from the physical to the vital, while it is true of disease that it acts always from the vital to the physical. Disorder disappears from the removal of the irritant, and does not indicate medicinal interference but rather that of physical or mechanical character, e. g., surgery, hygiene, diet. Disease does not disappear from the removal of the irritant, and always indicates medicinal measures.

Now, drugs produce disorder, but they can not produce disease, for if drugs possessed the power of producing disease, the intelligent mind would find it very difficult to understand how they could also dispel it. On the other hand, the very fact that drugs produce disorder, makes it very evident that they are not indicated in the treatment of this condition, the only disorder that can point to medical interference being that which is produced by and which indicates disease.

The drug that is used in a physical way to relieve disorder, invariably affords a deleterious compensatory effect; for what is there to hinder a drug from producing disorder of its kind while relieving disorder of another kind? And, if, in disease, a drug be given in greater quantity than is absolutely necessary for cure effect, the excess of material substance acts hurtfully, and so long as this shall be true, just so long will the medicinal tonic remain a therapeutic impossibility.

The treatise on pathology that fails to consider these salient factors in medical research falls far short of its grave responsibility, and unfortunately this defect is chargeable to every such treatise extant, and it may be added that the practician who is not thoroughly conversant with these fundamentals, is no more fit to attend the sick than is the minister fit to preach who has never learned the difference between righteousness and sin.

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*Read before the Kansas City Homœopathic Society, January 14, 1908.

Materia Medica.

REPORT UPON THE ORAL ADMINISTRATION OF VACCINES.

BY CLAUDE A. BURRETT, PH. B., M. D., AND SCOTT C. RUNNELS, M. D., ANN ARBOR, MICH.

Ever since the promulgation of the opsonic theory by Wright, a number of years ago, there have been several very evident objections to its widespread clinical applicability. By this time no one who has kept abreast of the medical literature doubts the efficiency of this method of treatment, and its sphere of action is rapidly becoming crystallized. But its general use is hampered, first, by the delicacy of the technique and consequent special education necessary for one who would use it, and second, by the fact that one is never sure of the sterility of the bacterial emulsion that he is injecting, or of its freedom from other bacteria than those desired.

The injection of the bodies of killed toxic germs as a remedial measure has been blandly accepted as a safe and reliable measure. But nevertheless it is evident that bacteria, whose toxic value is destroyed by too great a degree of heat, possibly may not be sterilized if submitted to a lesser, so in its preparation the vaccine must stand between two evils, high heat and surety of sterilization, with partial destruction of toxic value, and low heat with retained

toxines but risked sterility. A medium path adopted, sacrifices both absolute surety of sterilization and a certain measure of value in the product.

In spite of the utmost caution in preparing a vaccine it is possible that one or two bacteria may slip through alive. And even should there be a guinea pig test these few live germs may not be in the sample chosen for testing, or if they are, may be taken care of by the animal and so escape discovery; the common preservatives which are used, if insufficient strength to be antiseptic, will cause inflammation if injected into the tissues and so can only be used as inhibitors of bacterial growth and not as an aid to the final sterilization of the vaccine. Therefore, it is possible for a germ to escape death both by sterilization and by antiseptics, and to be injected live into the patient's tissues.

This has happened more times, we fear, than the medical profession will hear reported. Infection produced in this way is particularly dangerous, first, because the person has a reduced immunity to this particular form of infection, since you are trying to raise his index to this specific germ, and second, the injection is placed in the subcutaneous tissue, the tissue in which the formation of pus is the most favored. So it has been recognized that even in the hands of the most experienced and after the greatest of precautions have been taken, it is still possible for the toxin that you have been trying to introduce in an innocuous form to arrive alive and virulent, producing effects upon which you had not counted.

Since the value of the treatment has been proven some method must be devised by which it can be administered with as little risk as possible. The perfecting of the material to be injected has been tried in vain, since from the nature of its constitution, it can not be absolutely sterilized without losing efficiency. The preparation of the vaccines against small-pox and the antitoxins, in spite of the years of experience and the great care and expense put into their perfection, are still open to the same objection, as is shown by the fact that no pharmaceutical house will guarantee its productions. But their value is so great that in spite of the occasional trouble resulting from their use they have been generally relied upon by the profession at large.

In order to obviate this difficulty then, since the preparation has been perfected to the highest point, the rational method would seem to be to change the mode of administration. In surveying the other methods by which medicine can be introduced, the mouth immediately attracts attention as the classical route. And once oral administration is suggested its advantages over injection are apparent. Should it prove to be just as efficacious all danger of local infection, septicaemia and kindred troubes would be escaped. The stomach is capable of taking care of large numbers of bacteria, in fact, it does so every day, for the food which we ingest is far from sterile. So should a few live germs be introduced with the dead ones you are giving there would be no great trouble following. The sterilization of the hypodermic and skin would be done away with, as all the preparation necessary is to place the solution in a glass and drink it. From the patient's standpoint the advantages are enormous, for it is no trouble at all to get him to drink a little medicine in water, while, when a hypodermic is suggested, there is usually some demur.

These being the hypothetical advantages, what right have we to suppose that this method will work? The question is, will the toxin pass through the acidity of the gastric juice, withstand the intestinal digestion, and be absorbed without losing its value? Drugs are capable of withstanding digestion. To the Homœopath the nosodes need not be cited. Everyone knows of ptomain poisoning, which, although not a bacterial toxin, is a bacterial product. It has been proved recently that many infectious diseases are contracted through the digestive tract, notably tuberculosis. While this is hardly analogous, as the germ is alive on reaching the mucous membrane, still if it did not retain its toxic value it would be incapable of establshing foci of infection. Dr. C. W. Eaton, of Des Moines, in his compilation of the results of the "Iowa Experiment" with Variolinum, brings proof that oral administration is just as efficient, if not better than the old and time-honored scarification method.

From a brief survey of the analogies, therefore, the contention would seem reasonable that the toxines are destroyed by digestion, and we are encouraged to proceed to the laboratory for proof.

Two identical vaccines of staphylococcus aureus were prepared, of about 3,000 millions germs per dose, enough to produce appreciable toxic effects on a rabbit. One of these was submitted to an artificial gastric juice of .3 per cent. HCl for thirty minutes at 37½° C. It was then slightly more than neutralized with KOH, mixed with a solution of peptone and incubated for fifteen hours. All this was done under the most aseptic conditions, the vaccines being hermetically sealed in glass capsules that were broken into and resealed when the solutions were added. But to insure against any possibility of injecting live germs and so vitiating the results, the capsules were again sterilized at 60° C. for forty-five minutes. In this manner the vaccine was submitted to an artificial digestion that as closely as possible followed the natural, but which was a much more prolonged and rigorous test than any person's stomach would require before assimilation. At the completion of the preparation the tube which had been artificially digested, appeared as a light straw colored solution with a slight flocculent precipitate, in contrast with the milky opaque vaccine before treatment, showing that the digestion had been complete. These were injected in the muscular part of the abdominal walls of two rabbits, the digested vaccine into the one and the identical undigested vaccine into the others, as a control. Both rabbits were affected by the toxin, no difference being discoverable in the effects of either injection. They both suffered from lassitude for about a day, and their testes swelled to several times their normal size. All the rabbits recovered, showing that it was a toxæmia and not an infection that they suffered from.

Another proof that may be brought of the action of orally administered vaccine is the fact that it raises the opsonic index of the patient treated.

R., male, æt. 7, had a tubercular infection of the humerus that had been several times operated upon, so that when he entered the hospital he had a mixed infection and a discharge of a serous pus. Culture of the infecting organism developed a medium yellow staphylococcus. A vaccine of 100 million per cubic centimeter was made up and administered orally. Before the instillation of the treatment the patient's index to the infecting organism was .77. On the first night one cubic centimeter was given, the index taken the next day was lost owing to an accident in technique. Another c.c. was given that night, and the index next morning was foud to be .95. A repetition of the dose on the third night gave an index of 1.35 the next morning. An index taken after an interval of forty-eight hours, in which no dose had been given, showed a fall of the index to 1.21, it being raised again to 1.38 next day by another dose. During this time the clinical appearance of the arm improved, the discharge of pus lessened, and a sty that had been coming disappeared.

The clinical results of the method have been excellent, all cases treated responding surely and quickly to the proper dose. No bad results have been noticed save in two instances the patients have complained of a slight dizziness after the first dose. It is worthy of notice that with frequent oral administration and reduced dose the classical "negative phase" described by Wright, does not appear, the patient going immediately into a gradually increasing positive phase. The usual lassitude and aching following injection consequently has not been noticed, and only once has a negative phase been produced when too large and too frequent doses were given.

A case might be cited in conclusion to show the quick action and absence of ill effects:

B. A. R., a dentist, had been having a series of boils on his right hand and arm, continuing over a period of three months. He had received treatment from several doctors of both schools without benefit, and was finally only trying to head off new foci with local applications of the tincture of iodine. An angry swelling commenced in the palm of the right hand, about three-fourths of an inch below the base of the index finger, that had advanced to a considerable extent before we saw it. At the same time one of the old boils started to discharge again, from which a culture was obtained and a vaccine made, staphylococcus albus. By the time the vaccine was prepared the inflammatory swelling was about two inches long, by one and a half inches wide and almost half an inch high, with no signs of coming to a head. The whole arm was swollen to the elbow, all the joints being sore, and the hand so œdematous that the fingers could not be bent: a very rapid and angry inflammation threatening to involve the palmar fascia and endangering the whole arm. A 100 million vaccine given by mouth one evening produced by the next morning a distinct lessening in the local inflammation, the tenderness had gone out of all the joints but the third metacarpo-phalangeal, the fingers were not so inflexible and the swelling above the wrist had disappeared. A second dose that night by next morning had reduced all signs of inflammation to the site of localization, which was much lessened both in size and color. He was able to use his dental instruments almost all day. On the third day, following a third 100 million dose, the inflammation came to a head. When lanced about as much pus was obtained as would equal in amount the size of the head of an ordinary match. The resolution to normal was rapid, within a week there was no evidence of the inflammation but the small break in the skin where the pus pocket was lanced. The tendency to boils seemed to be removed, as the patient has had no recurrence.

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MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

AMMONIUM SALTS.

In these small spheres don't forget the Ammonium Salts. They belong distinctly with the venous hyperæmias. There is not so much a venous stasis present as a lack of decarbonation of the blood. An old friend, a wonderful practitioner now dead, Dr. Lucy, of Kentucky, used to say, "Don't forget Ammonium carbonicum in all 'Carbonate' conditions."

This blue surface may also be associated with the expectoration of *"blue"* mucus. Ammonium carbonicum should be associated with Antimonium tartaricum, especially in the treatment of capillary and senile bronchitis. Also with Ipecacuanha, Stannum, Lycopodium and Carbo vegetabilis. Often succeeding like magic where these others all fail.

Ammonium muriaticum and Ammonium carbonicum often are better than Lycopodium and other drugs where children's noses stop up with colds.

THE NATRUM SALTS.

Natrum muriaticum—Salt—Tissue Salt.
Natrum carbonicum—Soda.
Natrum phosphoricum—Tissue Salt.
Natrum sulphuricum—Glauber's Salt—Tissue Salt.
Natrum Bi-borate—(Borax).

The soda salts have always occupied a prominent position in the physician's armamentarium, whatever his school, and the two most important ones are indispensable in the culinary department of civilized life. Besides this their clinical use has been extensive in homœopathic practice, and their use has been even more extensive since Schuessler introduced biochemical therapeutics. Three of them being normal constituents of human tissue.

General Analysis.

These salts have certain characteristics in common, some of them reminding the student of those peculiar to Potash Salts. In the first place, the Natrum patient is generally weak and anæmic. The

tissues seem to lack resilience, firmness, solidity. His limbs are weak, his ankles wabbly, he is easily exhausted, slight exertion tires him and sets his pulses throbbing. There is also defective nutrition, not especially of the elastic tissues as found under the Lime Salts—but more of the skin cellular tissues and fatty tissues. So that the patient is thin, the skin wrinkled and inelastic. There is poor digestion, and the patient suffers from his food, especially the farinaceous foods. There are, as a result, all sorts of symptoms throughout the alimentary tract, which seem to furnish the principal field for specific lesions. For instance, there is stomatitis, especially under Borax and Natrum muriaticum; there is indigestion after farinaceous foods under Natrum muriaticum and Natrum carbonicum, this being especially noticeable after fresh bread.

And all of these salts produce a watery, gushing morning diarrhœa; all have unhealthy mucous membranes, which tend to crack and fissure; all have watery discharges from mucous membranes. The Natrum patients all suffer from hypochondriasis, especially the Natrum carbonicum and the Natrum muriaticum patient.

Natrum muriaticum.

This salt, a constituent of every human tissue, is most versatile in its vital functions; no tissue can be healthy without it, it is the great tissue solvent, the essential to osmosis, endosmosis and exosmosis, so that it is essential to all assimilation, secretion and excretion. Its presence adds flavor to the food and increases the flow of salivary, gastric and intestinal secretion, and by its stimulating effect upon the muscles increases peristalsis. By its power of holding liquids in solution, it keeps the crystalline lens transparent, the joints supple and the blood in active circulation; by its power over the cutaneous glands it keeps the hair flexible and oily, the skin elastic and ruddy. So much for its physiological use, and as pathology is only exaggerated physiology, so we find that when present in excessive quantities in the body we have an opposite condition prevailing, giving us, you may say, its secondary effects. This condition is one corresponding with the disease known as scorbutis or scurvy.

Natrum muriaticum Picture.

The extreme Natrum muriaticum picture gives us the following condition: The vision becomes dim, the joints become stiff, the muscles become weak, the skin loses its elasticity and its healthy hue, is supplanted by a yellow, dead, dirty color, and it becomes dry and wrinkled from sebaceous suppression.

The patient emaciates, because of defective capillary absorption, there is a dirty eruption upon its surface from perverted sebaceous secretion, noticeable, especially at the borders of the hair and around the joints; in short, wherever these glands are most numerous the hair falls out—alopecia—or becomes stiff and dry from the same cause; the mucous membranes become soft and patulous in some places, and hard and brittle in others. Secreting a profuse, watery, acrid mucus in some places, and presenting a dry, brittle surface that cracks from slight irritation in others; the gums leave the teeth and bleed, while the teeth become loose. The intestinal muscles become torpid and weak, the heart muscle looses its tonicity, and the blood its proper fluidity, producing a tendency to local congestions.

With this picture before us, most of the drug's characteristics are easily analyzed.

Let us see:

Constipation.

1. "Patient cannot pass a soft stool," caused partly by inertia, partly by dryness of the fæces and membrane.

2. "Stool fissures anus and causes bleeding;" membrane is dry and brittle, so, instead of stretching, it cracks.

3. "Intense thirst" for large quantities at short intervals (long, Bryonia). Dry membranes and a natural craving for something to restore the blood to its proper fluidity.

4. "Cannot digest bread or other farinaceous food" from lack of salivary and duodenal secretion.

5. "Tongue mapped and hydroa around the mouth." Same explanation as rectal fissure and bleeding.

6. "Uterus feels as though it would drop out with backache, both relieved by lying down with a pillow under the back;" uterus congested and heavy, its supports relaxed and weak.

7. "Cutting in urethra when urinating;" acrid urine, dry mucous membrane.

8. "Congestive headache, feels like little hammers all over the head;" local congestion, capillary stagnation.

9. "Falling out of hair;" faulty sebaceous secretion.

10. "Scanty menstruation;" perverted osmosis. The malarial and quinine cachexia combined reduces the patient to a condition quite homœopathic to Natrum muriaticum; i. e., dead, dirty skin, first dry, then covered with a clammy sweat, dry mouth, thirst for quantities, anæmia, œdema, perverted osmosis, hence of secretion, hence of digestion.

Mental Symptoms.

The mental symptoms are those of melancholia; this melancholy is worse when the patient is constipated and is aggravated by consolation. This mental state is oftenest of value as an associate of digestion and uterine complaints.

While oftenest indicated by systemic characteristics, the following diseases in the order of importance define its main field of usefulness:

Intermittent Fever.

In damp regions near newly turned ground, after the abuse of quinine. The chill comes at 10 A. M., preceded by a hammering congestive headache and backache; there is intense thirst throughout chill, hydroa, nettlerash with the fever, the headache and other symptoms increase in violence until relieved by the sweat.

Analogues.

See Nux vomica.

Uterine Prolapsus.

A feeling as though the uterus would fall out (Belladonna, Calcarea fluoricum, Sepia, Lillium tigrinum), accompanied by backache, both relieved by lying down with something hard under the back, cutting in the urethra after urinating, watery leucorrhœa, scanty late menses, hot flushes.

Analogues.

See Sepia.

Skin Symptoms.

Dry, scaly or herpetic eruptions of little watery blisters. Eruptions appear especially at the bends of the joints, at the junction of skin and mucous membranes, and at the edges of hairy parts.

Analogues.

See Sulphur.

Stomach and Bowel Symptoms.

Violent thirst, aversion to bread, water-brash, weak, sinking feeling in the stomach. Great melancholy, proportionate to the constipation, aggravation from consolation. Stool is dry and crumbly, and fissures the anus, or there may be watery diarrhœa, with great weakness of the abdominal muscles.

Eye Symptoms.

Muscular asthenopia and ciliary neuralgia, coming and going with the sun. (See Spigelia and Kalmia.) Blepharitis, lachrymation and scalding, letters run together when reading.

Coryza.

Clear, watery discharge, accompanied by loss of smell and taste (Puls.), sneezing worse on rising or retiring. Herpes on the lips or on the wings of the nose.

Analogues.

See Nux vomica.

Cystic Catarrh.

Cutting in the urethra after urinating; red sand in the urine.

Natrum carbonicum.

This Soda Salt acts principally on the alimentary tract and its symptoms are referable principally to such disorders.

The principal characteristics are:

1. Great hypochondriasis, worse during gastric digestion.

2. Aggravation from eating farinaceous foods, especially soda biscuits.

3. Great debility after exposure to the sun; chronic effects of sun stroke.

4. Patient is hypersensitive to atmospheric changes, as exposure to heat; is worse during a thunder storm (Phosphorus).

Thus it will be seen that it is principally useful for two conditions of disease:

1st. Debility after summer heat.

2d. Dyspepsia after farinaceous food.

The gastric symptoms are: Sour eructations and fetid flatulence, weak, hungry feeling at 11 A. M. (Sulphur—Sepia), worse from starchy or vegetable food, palpitation after eating.

The drug should also be remembered in connection with Causticum, Sulphur and the Lime salts, for weak, wabbly ankles. It also has some skin and mucous membrane symptoms, eczemas, and coryzas, but they are very similar to those of Natrum muriaticum, unless Natrum muriaticum fail in such conditions when it seems to be indicated.

Natrum phosphoricum.

This tissue remedy seems to correspond to acid condition, and is associated with acid mucous discharges, especially diarrhœas. It is also a worm remedy, the tissue salt for worms, with twitching of the facial muscles, picking at the nose and squinting.

Stomach Symptoms.

Acidity, sour risings, sour vomiting, flatulence.

Diarrhœa.

The stools smell sour, are green, full of mucus and excoriate.

Compare: Magnesia carbonica, and Rheum.

Natrum Sulphuricum.

This drug, another tissue salt, seems to correspond with what is called the hydrogenoid constitution. A diathesis which seems to be comprehended in two thoughts.

1. There is a tendency to an excess of the watery elements in the tissues.

2d. The patient's complaints are always worse in damp weather, or from damp exposure. Such patients are said to have gonorrhœa worse than others, and to be predisposed to gonorrhœal rheumatism. They are also disposed to sycosis. Here the drug should be compared with Thuja occidentalis. Practically, this drug is very useful in a form of diarrhœa with clear cut symptoms.

Diarrhœa.

The diarrhœa comes on in the morning; it is chronic or tends to become so. It comes on like that of Bryonia, after the patient starts to move about, the discharges are dark, bilious or greenish, they are watery and flatulent, there is an irritable, sensible liver and the togue is coated a heavy, dirty brown, this coating being as characteristic as the white fur of Antimonium crudum.

Analogues.

The morning diarrhœa remedies, i. e., Sulphur, Podophyllum, Bryonia, Rumex, Thuja, and the Natrum Salts.

Borax.

While possessing the general characteristics of the Natrum Salts, this drug is principally useful:

1st. In the sore mouth of children, and

2d. In an albuminous leucorrhœa.

It has one individual characteristic which is generally present when indicated, and that is, a "dread of downward motion," or more comprehensively, "aggravation from downward motion."

So the child cries when laid in the cradle or carried down stairs. The woman dislikes to go down

stairs, or down an elevator, or to rock backwards.

The leucorrhœa is clear and copious, and looks like the white of an egg.

Stomatitis.

Aphthæ on the inside of the cheeks, the tongue and adjacent membrane. The membrane around the affected parts bleed easily, and the child cries when nursing, or frequently refuses to nurse, or repeatedly lets go of the nipple, and there is associated the ever present dread of downward motion. Of course, these two conditions are engrafted upon a catarrhal inflammation, similar to those found under the other Natrum Salts.

Analogues in Stomatitis.

Mercurius, Kali bichromicum, Nitric acid, Nux vomica, the Natrum Salts and the Lime Salts.

Analogues in Albuminous Leucorrhœa.

Ammonium muriaticum, Bovista, Mezereum, Petroleum, Platina and Alumina.

THE LIME SALTS.

Calcarea carbonica.
Calcarea phosphorica—Tissue Remedy.
Calcarea acetica.
Calcarea fluorica—Tissue Remedy.
Calcarea sulphurica—Tissue Remedy.
Hepar sulphur calcarea—(Bi-Sulphide of Lime).

These Salts occupy a deservedly prominent place in the Homœopathic Materia Medica, and their general action is enough alike to distinguish the influence of the Calcarea throughout their pathogenesis and symptomatology.

Their primary action is upon the ganglionic system, and their grand central characteristic seems to be the presence of defective assimilation through the action of the Lime upon the sympathetic and glandular system.

The principal structures to suffer from this nutritive defect are the bony and fibrous tissues, which are defectively developed.

Emaciation is a prominent characteristic, and this is generally accompanied by a sort of erethism, a nervous excitement associated with constant cravings for certain kinds of food. When these salts are indicated there is apt to be a superabundance of white corpuscles in the blood and a deficiency of red corpuscles. In some of these salts the patient is full blooded, but the blood is of a poor quality, and we find, as a result, a plethoric anæmia present, if you can conceive of such condition. The skin, too, is generally unhealthy, and shows a tendency to suppurate from the slightest wounds. Nearly all of these salts are useful in the treatment of diarrhœas, which are profuse, light colored and sour smelling, and are generally associated with a tendency to perspiration. The perspiration smells sour also.

So much for the general action of the Lime Salts, which will be more emphatically impressed upon the mind after their individual study. The most important member of the family, from a clinical standpoint, is Calcarea carbonica.

Calcarea Carbonica.

Ganglionic—Chronic Belladonna.

Pivotal characteristic—Defective secondary assimilation.

Principal tissues affected are the Bone and Fibrous tissues. Tissues rich in Lime.

Infant Remedy par Excellence.

Grand Polychrest in

Scrofula. Tuberculosis. Rachitis. Slow Dentition.	Compare	The Lime Salts. The Antipsorics. The Iodides. The Metals. The Tissue Remedies. *Baryta Carb., Phosp., Silic, Lycop., Arsen., Sulph., Psorinum, Tuberculine.*

The Calcarea patient is generally a child at dentition, or a woman preferably at the climacteric.

If a child, it has a large cranium, clammy skin, cold surface, chalky, has chronic diarrhœa.

If a woman, she is at the climacteric, and has anticipating catamenia, is chilly, has cold, clammy feet, is chalky looking, has catarrhs.

The patient is white in color, has white actions and whites.

She is Fat, Fair, Flabby and Tearful, has falling off of hair (Natrum muriaticum, Graphites).

Flaccid skin and hot flushes. Thus in this alliterative fashion, I have pictured the Calcarea patient quite completely.

If a child, it is emaciated, has poor osseous development, open fontanelles (Calcarea phosphorica), especially the anterior; dentition is slow and difficult, and accompanied by a diarrhœa or a cough, which gets better at the eruption of each tooth, only to recur when another distends the gum, a symptom that is in line with the erethistic character of the nervous system.

If a woman, she is fat, but flabby, her flesh being loose and unhealthy in texture, she is full blooded, but her blood is deficient in nutritive qualities. The plethoric anæmia mentioned above that is the key to many of her physical troubles. She is very nervous, and suffers from many reflexes, principal of which is the hot flushes. Her mental state is generally present, to perfectly indicate the drug. It can be described in a word: "She thinks she is losing her mind and fears that others will observe it."

She also sees visions and has hallucinations when closing her eyes, a symptom which, in acute conditions, might suggest Belladonna, Hyoscyamus or Stramonium.

Thus much for the Calcarea personnel, which is marked and peculiar, and is generally present, to point out the drug in no uncertain way, and it would be almost sufficient to say that the drug must be used purely upon such indications. But to make the information as practical as possible, it is necessary to succinctly mention the principal diseases that it is most useful in combating.

Dentition.

Calcarea child, slow and difficult, cough and diarrhœa before the eruption of each tooth, getting bet-

ter when the tooth appears. The teeth are late in appearing and there are other signs of defective osseous and fibrous development.

Diarrhœa.

Profuse, watery diarrhœa, especially during dentition; the discharges are white in color and smell sour, the child craves eggs. This combination of symptoms often indicate it in cholera infantum. In the latter complaint the actions may be greenish, and may contain undigested milk curds; there is also a sour head-sweat, and sour vomiting, craving for eggs.

Analogues.

Calcarea phosphorica; very similar symptoms, both fontanelles are open, there is more emaciation, especially about the neck, rickets, stools green, shiny, offensive and flatulent, and there is craving for salt meat.

Calcarea acetica.

Profuse, painless, non-exhaustive diarrhœa, differing from that of Phosphoric acid only in general Calcarea symptoms.

Chamomilla.

For the nervous symptoms of painful dentition, child is very cross, wants to be carried; diarrhœa looks like chopped eggs, and smells like bad eggs.

Æthusa cynapium.

Vomiting of large curds after nursing, the child is thin, exhausted, but, after a short sleep, nurses again with avidity.

Arsenicum.

Exhaustion, mental and physical unrest, food vomited as soon as taken, thirst (little and often), rapid prostration.

Veratrum album.

Like Arsenicum, with cramps and cold sweat, pain before each stool.

Phosphorus.

Water or other food ejected as soon as it reaches the temperature of the stomach; profuse, watery, gushing stools, may be involuntary, anus seems to remain open.

Ipecacuanha.

Constant nausea, fermented stools, preceded by colic; clean tongue, vomiting and purging simultaneously.

Camphora.

Threatened collapse, dry, wrinkled, cold skin, great prostration, apathy.

Apis mellifica.

Cholera infantum with threatened cerebral effusion.

Phosphoric acid.

Long lasting, profuse, painless diarrhœa which fails to produce commensurate weakness.

Podophyllum.

Acute cases, with large, profuse, yellow, watery stools, sediment like bran in the bottom of the vessel, mental apathy, child lies passively upon mother's lap with the eyes half closed.

Psorinum and Sulphur.

Chronic cases, without reactive power, profuse, offensive, excoriating discharge with sweat, also profuse and offensive.

China.

After and during attacks with much loss of fluid, very offensive undigested stools. (Lienteria; Calcarea carbonica, Calcarea phosphorica, China, Arsenicum, Ipecacuanha, Nux, Ferrum phosphorisum.)

Mercurius vivus.

Frequent discharges of bloody mucus, accompanied by much tenesmus; the stools are a long time in being evacuated, and the child continues to strain and bear down after the stool. (Tenesmus relieved by stool; Sulphur, Nux vomica.)

Mercurius corrosivus.

Same as Mercurius vivus, except that there is both vesical and rectal tenesmus (Cantharis), which is violent, continuous and distressing.

The Carcarea woman is generally at the climacteric, though she may be a young girl, in which case she is fat and flabby, and has early profuse menstruation, with milky leucorrhœa between the menses, besides the general characteristics always present.

She complains that she "feels as though she had on damp stockings all the time," there is generally present also the unhappy mental characteristic, fear of losing the mind.

I could recite at length many symptoms of Calcarea, bearing upon the female organs, but the general characteristics are so marked and have been so fully given, that its selection would not be made much easier thereby. It should not be forgotten in the treatment of disorders of the climacteric or other uterine disorders, when the patient's general make up calls for it. The student should, however, keep constantly in mind that the hot flushes, fearful mind, and other nervous reflexes are generally present in all uterine disorders which may appear at any time during menstrual life.

Its analogues in uterine disorders are fully set forth under Sepia.

In selecting the drug in the treatment for scrofula, rickets and tuberculosis, the presence of general Calcarea symptoms, and of the Calcarea diathesis must be the only and infallible guide.

Of course, in these conditions there will be skin and gland symptoms, but they will always point towards the drug distress signals, that denote profound trouble in the lymphatic system and venous hyperæmia.

HEPAR SULPHUR CALCAREA.

The Bi-Sulphide of Lime.

This drug is a combination of Sulphur and Calcarea carbonica. Its symptoms partake of the character of both of these drugs, and yet it has a distinct individuality of its own. It has many of the skin and gland symptoms of both Sulphur and Calcarea, but its greatest usefulness comes from its power over suppurative processes, as will appear further on. Like Calcarea carbonica, it stands in

close clinical relationship to Belladonna, being oftener than any other drug its complement in inflammatory diseases. In such diseases it has the power, when suppuration is inevitable, of hastening the process, and in the higher potencies it is said to prevent suppuration.

It is also, through its action upon the mucous membranes, a very valuable agent in the treatment of croup or bad colds; such colds as follow exposure to cold dry weather; here it is generally complementary to Aconite or Spongia.

The cough of Hepar gives forth a hard, tense metallic sound, but there is always some moisture present and the mucus can be heard in the larger bronchial tubes.*

It generally follows Aconite or Spongia, being suitable to the second stage of croup, after the dryness of the throat gives place to secretion, but the cough, hoarseness and other symptoms continue.

Its relation with the croup remedies will be fully set forth when the Halogens are treated.

Tonsillitis.

It is suited to inflammation of the right tonsil after Belladonna, when suppuration seems inevitable; the tonsil is intensely sensitive to touch; a symptom characteristic of all of the Hepar inflammations, and there is a feeling as though there were a splinter in the throat, a sticking, stabbing sensation. (Nitric acid, Argentum nitricum.)

Analogues---Belladonna.

In the beginning of right sided tonsillitis, the inflammation is sudden and intense and there is fever and flushed face.

Lachesis.

In the beginning of left sided tonsillitis, with intolerance of touch or pressure, patient will not tolerate a collar or bandage about the neck.

Aggravation marked after sleep.

Mercurius vivus.

Bears the same relationship to Lachesis as Hepar does to Belladonna, being indicated in left sided tonsillitis after Lachesis when suppuration seems inevitable.

Abscess.

Hepar is our sheet anchor in the treatment of acute abscesses, standing at the head of the Materia Medica in the treatment of acute suppurative processes that are characterized by the formation of laudable pus. In such conditions it follows the Belladonna inflammation more often than any other; and the character of the inflammation, and present or threatened suppuration may indicate it, wherever the location, in a tonsil, a lymphatic or other gland, or, perhaps, it may be a boil or traumatic abscess.

The characteristic indication for its use in suppurative processes, are intense sensitiveness to touch or pressure, high grade of inflammation with intense throbbing, great swelling and stabbing pain. Iis principal analogues in suppurative processes are: Mercurius vivus, Silicea, Calcarea sulphurica.

Mercurius vivus.

Slow, subacute abscesses, with scanty discharge of pus, and tendency to induration at the base. The pus may be laudable, but is oftener bloody, and, perhaps, thin and ichorous, abscesses involving the bone, glandular abscesses with a specific history.

Silicea.

Abscesses or ulcerative processes when there is scanty discharge of pus and no tendency to heal; the pus may be of any color or consistency and there may be involvement of the bone. It is apt to follow Hepar in the treatment of abscesses, when the secretion of pus becomes more scanty and less laudable, there is little tendency to healing. (Sulphur.) (Calcorea sulphurica below.)

Skin Symptoms.

The skin symptoms of Hepar sulphuricum must not be forgotten, as it is a most important remedy in the diseases of this organ. The skin is sore and ulcerated and sensitive to touch or cold, the eruption bleeds easily, discharge smells like "old cheese." The ulcers are surrounded by small pimples. It is also indicated in the treatment of eczemas, which secrete a great many fish-like scales.

Its analogues in skin troubles are, principally, Sulphur, Sepia, Calcarea, Mercurius, Arsenicum, Graphites and Petroleum.

As a short resumè, the following will refresh the memory:

Diseases.

Suppuration after Belladonna and before Silicea. Characteristics of suppuration are same as Belladonna inflammation, short, sharp, violent, in its onset; intense sensitiveness, painful pulsation.

The distinctive suppuration symptoms are general rigors, profuse secretion of laudable pus, sticking or stabbing pains, as though a splinter were in the tissues.

Cough and Croup.

Dry, metallic cough, with hoarseness and bronchial secretion, following exposure to dry cold air. Follows Aconite or Spongia in croup. Must be differentiated generally from Phosphorus, Coralium rubrum, Rhus toxicodenron, Causticum and Bryonia in coughs.

Right-Sided Tonsillitis.

After Belladonna.

Ulcerative Skin Troubles.

Ulcerations smell like old cheese and are surrounded by small pimples, sensitive and bleed easily.

General Characteristics.

Great sensitiveness to dry cold air. Ailments following cold dry exposure, Aconite, Nux vomica. Cold wet exposure, Dulcamara, Rhus toxicodendron, Rhodendron and Mercurius.

Sticking, stabbing pains (shooting, Spigelia).

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*Cough loose in day tightens up toward night. Patient gets hoarse as night draws on. Dry, hard, metallic cough with a loose edge.

Unhealthy skin; small wounds suppurate (also Silicea, Calcarea sulphurica, Calcarea carbonica).

Craving for acids, Calcarea carbonica, Carbo vegetabilis.

CALCAREA SULPHURICA.

This tissue remedy, a lime salt, like Hepar in its nature, is indicated in the treatment of chronic suppurative processes which exhibit no tendency to resolution; the base of the abscess in indurated and there is thickening of the pyogenic membrane; it is especially useful in chronic metastatic abscesses.

The difference between Silicea and Calcarea sulphuricum (both tissue remedies), in suppuration, is that Silicea is indicated earlier, when the suppurative process seems to hang fire; Calcarea sulphuricum later, when it refuses to quit; one promoting suppuration, the other healthy granulation and cicatrization.

Calcarea phosphorica and Calcarea sulphurica are tissue remedies and will be best treated with the biochemical salts, but should be associated in the students' mind with Calcarea carbonica, Hepar sulphurica and the other lime salts, on account of their family and clinical relationship. The remaining Lime Salts can be disposed of in a few words, their close clinical and pathological connection with their more prominent brothers having been strikingly noted throughout. Calcarea fluorica, also a tissue remedy, is indicated in relaxed states of elastic and fibrous tissues, and in bone tumors. It produces exostosis like Mercurius. It may also be associated with Silicea and Mercurius in bone ulcerations, especially following bruises, being the bone Arnica.

Don't forget Calcarea fluorica in chronic uterine prolapsus from lack of tonicity in the uterine supports.

It should also be associated with Graphites in the treatment of old scars that become inflamed. Calcarea iodata gives us enlarged indurated glands, in weak, pale, badly nourished children. The children partake of both the Calcarea and Iodine characteristics.

MATERIA MEDICA NOTES.

BY C. ZBINDEN, M. D., TOLEDO, O.

Ammoniacum in Bronchitis.

This is a new remedy to me, I learned of it from Kent's Materia Medica. He says in very old people with catarrh of the chest, when the mucus is yellow and purulent, Ammoniacum will tide him over a good many winters. I used it in several cases; one is an old man with chronic bronchitis, emphysema of the lungs and asthmatic breathing. Whenever his bronchitis is in the purulent stage this is the only remedy which brings him relief. I found that in well selected cases it does more good than our older remedies.

Balsam of Peru in Phthisis.

This remedy has of late been recommended (also in this journal), and it has even been claimed that it has cured some cases in the incipient stage. I have used it in a patient in the last stage. The patient expectorated a large amount of pure pus of an excessively fetid odor, which filled the whole house. I prescribed twenty drops of Balsam of Peru in an ounce of alcohol, and gave her five drops four times a day on sugar. The result was a complete disappearance of the offensive odor of the sputum, for which everybody in the household was thankful. A change in the course of the disease did not occur and was not expected.

Bursa Pastoris in Hæmaturia.

A young man had passed blood in his urine for four months before coming in my hands. During that time he was treated by another physician without result. He presented no important symptoms besides the urine; a slight irritability of the bladder and urethra were the only subjective symptoms, and those were not constantly present. A chemical and microscopical examination of the urine revealed nothing abnormal except blood. It took me several weeks to find the right remedy. Hamamelis, Terebinthina, Cantharis, Petroselinum and even Harlem oil (not on my advice) were tried in vain. Bursa pastoris, five drops of the tincture, four times a day, cured him. The remedy is recommended for hæmaturia in C. Mitchell's book on diseases of the urinary organs.

Cimicifuga in Chorea.

A girl of 13 years was taken sick with articular rheumatism, and after this had lasted two weeks and was considerably relieved chorea appeared in addition. It became evident that the remedy she was taking had no power over the chorea, and, therefore, something else had to be employed. It also seemed probable that the two diseases were produced by the same cause, and that, therefore, they ought both to be cured by one remedy. But the most similar remedy I could not find. Agaricus, Zinc, Magnesia phosphoricum, Pulsatilla were consecutively employed during two weeks without result. The chorea was progressing and the rheumatism stationary. The body of the patient was in motion all the time except during sleep. She could not use her hands to feel herself, her speech was very imperfect on account of twitching of the muscles of the throat, her trunk was bent and twisted in violent contortions, and her face made all kinds of grimaces, and for several hours every night she cried on account of pain in the hands. At this time another physician was called and took charge of the case. He prescribed Fowler's solution for the chorea and another mixture for the rheumatism. She was under his treatment for a week, and during that time her rheumatism got worse and the chorea no better. After this week the case was returned to me. I carefully searched my literature, homœopathic and other sources, and found the desired remedy in Cimicifuga. This drug has a good reputation for both diseases, chorea and rheumatism, in our as well as in other schools. The mental symptoms, the sex, the age of the patient corresponded to the symptoms of Cimicifuga as recorded in our materia medica. From the old school I had the statement of Dr. B. Sachs, in

Keating's Encyclopædia of Diseases of Children. In treating on chorea he puts arsenic at the head of the list of remedies, and then continues and says: The only other drug which I can conscientiously recommend is the Tincture of Cimicifuga. From 15 to 30 drops three times a day may be administered in cases in which arsenic is not tolerated by the stomach. I prescribed this remedy in the tincture, at first a few drops every two hours, later 10 drops three times a day. From that time on the patient began to improve, chorea and rheumatism yielding simultaneously, and the improvement progressed in a few weeks to a complete cure. The disease had left the girl quite anæmic, for which she needed some iron.

Cinchona in Diarrhœa.

On October 9th last a woman appeared in my office whose life was made miserable by a diarrhœa of six months' duration. She was emaciated, pale, weak and trembling. Her diarrhœa was the kind described in our materia medica under Cinchona. I prescribed this remedy in the 2x, and under its influence the patient promptly began to improve. On account of the tendency to relapses we had to continue the medicine for three weeks. During that time a great change took place in her condition. At the beginning she was so weak that she had to be assisted in walking by the arm of another person, after those three weeks she was able to walk alone, felt stronger, had a good appetite, the stool was normal, the face fuller, the color natural and a coexistent old bronchitis somewhat improved. This is one out of a number of similar cases in which this remedy rendered good service. I find there are many people, especially among the aged, who are troubled more or less with chronic diarrhœa, and when the symptom complex of Cinchona is present this remedy will be of great benefit, and the rough ttreatment with poisonous lead and silver salts and hydrochloric acid in large doses and colon flushing with astringents will be left to those who don't know better.

Trillium in Uterine Hæmorrhage.

A woman of 43 years was taken with uterine hæmorrhage. It was of the passive, painless type, as we often meet in women at the menopause. She had already taken Viburnum prunifolium before my arrival without result. I packed the vagina and prescribed Ergot and Ipecacuanha. After twenty-four hours removed the tampon and continued the same remedies. But the hæmorrhage started again as bad as before as soon as the tampon was removed. Six hours later I discontinued the remedies and administered Trillium erectum, half a teaspoonful of fluid extract in a glass full of water; of this two teaspoonfuls every hour. This promptly and permanently arrested the flow. The patient had lost a great deal of blood, and was quite anæmic; had an attack of syncope next day, and was nervous and dizzy, but recovered promptly by taking some Cinchona.

Crataegus in Heart Disease.

Patient is a woman 80 years of age, affected with degeneration of the heart and insufficiency of the mitral valve. For three years Digitalis had always helped her, out whenever her heart failed, but last fall the time came when her stomach could not tolerate that medicine any more. Then Squill served her well for a short time, but soon also proved too irritating. Apocynum and Elaterium were vomited up immediately, Cactus did no good. By this time she was in a miserable condition, her lower limbs extensively swollen, the adbominal cavity filling up, breathing very difficult, the amount of urine only about half a pint a day. To do something I prescribed Crataegus, 2 drachms to 4 ounces of water, of this a teaspoonful every three hours. By this she began to improve, and in two weeks the dropsy was all gone. The medicine was continued at longer intervals. About three weeks later the dropsy began to return, and the remedy, even in larger doses, failed to do any good. The reason why it failed probably lies in the pathological condition of the heart; the degeneration of its muscle is so far advanced that a permanent normal function of the organ is impossible. The remedy promises to bring more permanent benefit in cases not so far advanced, and it has the advantage not to disturb the stomach.

Correspondence.

SHALL WE GATHER AT THE RIVER?

Editor Medical Century:

As you know the place of meeting for the American Institute of Homœopathy for 1908 has been changed by the executive committee from Oklahoma City to that of the beautiful city of Kansas City upon the banks of the Missouri River. This news came to me with a great surprise and a very sad disappointment. No one knows better than yourself how hard I had worked and how much time I had given to it, and how anxious I was to have the Institute meet in the great Southwest, and how elated I was over the result of the vote at Jamestown. Again, no one knows better than yourself that all I did was purely in the interest of Homœopathy. Personally I had nothing to gain by the Institute coming to the Southwest.

I have studied the conditions and knew the people by personal contact. I knew my city people, their willingness and ability to take care of the Institute and the confidence they had in me.

The new Southwest is being peopled by an intelligent, active, progressive people. A people who have severed their connections from old associations, conservative and stated habits, and people who have gotten out from the influence of the old family doctor, and are ready to receive new and important methods in medicine as in all other things.

It is indeed a wonderful field for missionary work in our special school of medicine. If our brethren of the East and the older settled countries could only take in the situation they would understand

why I have been so anxious to have the Institute meeting out in this new country.

I firmly believe if there ever is any section of this world where Homœopathy will predominate over that of all other schools of medicine it will be the Southwest. Whilst we are to be deprived of the great pleasure of entertaining the Institute in our growing city, I feel our work has not been in vain. I can at least claim we had something to do in working up an interest and bringing it at our very gates, and am very sure the Southwest will be benefited by having it so near.

It is true it was somewhat embarrassing to lose the meeting in the way we did. We have gained an enviable reputation as a convention city, and the manner in which we have handled large bodies has been commended from all over the country. Then to have to give up a convention after we had succeeded, as we supposed, in capturing it, I was disposed to find fault with the acts of the committee. Yet after careful consideration I felt different. I knew there had been a strong pressure brought to bear upon the committee to change place of meeting, and as they had been delegated with power to make the change if in their opinion it would be best for the Institute, and knowing the false impressions some of our brethren of the Coast had of our country and our ability to take care of the Institute, and the strong argument that was brought to bear upon the committee on account of financial difficulties that had come up since the Jamestown meeting, the unsettled condition of our railroad transportation, and the doubt of getting any concessions from them, our great distances from medical centres, all had to be taken into consideration in their final decision, I am very sure they acted with conscientious motives, and as they believed to the best interest of the society, I differ from their judgment, considering all conditions. Yet I am ready to admit the color of the glasses I look through is different from theirs, and so that has very much to do with the way we look at things. I may be mistaken, and hope I am.

I do not wish to set up my opinion against all others, and I believe in being loyal to our officers, and am strictly opposed to saying or doing anything that would cause desertions in our ranks. No individual should stand in the way of the interest and welfare of our beloved school of medicine, or stand in the way of its advancement. I gracefully acquiesce in their actions, and shall do all in my power to bring up the Southwest to the Kansas City meeting.

There will be no sore spots on me, nor will I carry any chips upon my shoulders. I shall only wait and hope yet to live to see the day when I shall be obliged to entertain the Institute in our beautiful city. Let the friends of Homœopathy from all quarters of our beloved country gather at Kansas City on June 22d and make it one of the most successful metings in the history of our society. We will meet with a warm welcome at the hands of our brethren there. They are a united, loyal and progressive set of physicians. "Yes, let us gather at the river."

J. Hensley, M. D.

Oklahoma City, Okla.

NEED OF AN AWAKENING.

To the Editor of the Medical Century.

I note with interest your editorial on "What We Are Doing." This, to me, is a matter of great importance and should receive a great deal more attention from the homœopathic profession than we are giving it at the present time. The facts are, that the allopathic fraternity is just as active, or even more so, than they have ever been to exterminate Homœopathy, and the homœopathic school was never in a more indifferent condition than they are at the present time. To my mind this is due to the fact that the allopathic school has changed their tactics entirely from their former methods, and instead of fighting us openly by persecution, ridicule, etc., they are now making pretense that they think we are good fellows and wanting us to come over on their side of the fence for the sole purpose of getting rid of us, and not because they think one whit more of Homœopathy than they did a hundred years ago; and we have not recovered from the shock of being made love to by an allopath, and are about half unwilling to believe that they don't mean what they say. The homœopathic press should take more active interest in this matter; it is through them that the individual physicians are enlightened along these lines, and it is the individual physicians through the local, State, or national society, as well as through the laity, that should bestir themselves about this matter. I believe that one earnest, enthusiastic homœopathic physician who practices in a community, will do more to advance the cause among the laity than any number of printed tracts, not that I am against the education of the laity by tracts, they are all well and good, and I think we should have them, but what we need most of all is for the homœopathic press to wake the members of the homœopathic profession up to the true situation of affairs, and when they do fully realize the situation, then I believe that there will be something doing, but it is up to the homœopathic press to start things.

G. A. Huntoon.

Des Moines, Ia.

Societies.

INCLUDE MATERIA MEDICA AND THERAPEUTICS.

The following resolutions were adopted by the Homœopathic Medical Society of the State of New York, February 12, 1908:

Whereas, There is an evident movement on the part of the chief organization of the old school of medicine—allopathic—to effect changes in the medical laws of the various States so that therapeutics and materia medica shall be excluded from the list of subjects that candidates for medical licensure must be examined upon before the State Boards of Medical Examiners; and,

Whereas, A thorough knowledge of these subjects is absolutely essential to prepare physicians to use drugs intelligently in the cure of disease; and,

Whereas, It has long been claimed by advocates of examining boards that the knowledge that they would be required to go before State boards for examination upon any particular subjects before they could obtain a license to practice medicine caused medical students to give better attention to such subjects; and,

Whereas, If the above be true, the exclusion of therapeutics and materia medica from the State examinations must necessarily lessen the interest of the students in those subjects during the college course; and,

Whereas, Therapeutics and materia medica are the points upon which Homœopathy depends for its advantage over other systems of medicine, and must be protected; therefore, be it

Resolved, That this Homœopathic Medical Society of the State of New York, in convention assembled, does hereby declare that therapeutics and materia medica should be legally included in all examinations of candidates for license to practice medicine.

The Library.

BOOK REVIEWS.

Diseases of the Heart.

By Prof. Th. von Jurgensen, of Tubingen; Prof. Dr. L. Krehl, of Griefswald, and Prof. Dr. L. von Schrotter, of Vienna. Edited, with additions, by George Dock, M. D., Professor of Medicine, University of Michigan, Ann Arbor. Octovo of 848 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $5.00, net; half morocco, $6.00, net.

This is another volume of Nothnagel's Encyopædia, devoted exclusively to diseases of the heart, and the high authority of the writers will be at once recognized. To have all the recent investigations in diseases of the heart united into one volume is certainly most desirable, and at this time there is no better one existent than this present volume of Nothnagel. It is a work that all schools of medicine can possess with profit. We note in the therapeutic part that there is a general doing away with hypodermic medication; even the use of morphia is advised, first, by the mouth, and in smaller doses than we have been used to seeing in works of this kind. The writer recommends tincture of Strophanthus in certain cases, but the American editor bowls it over because it is not "admitted to the U. S. P.," to him probably a sufficient reason to refuse any remedy good or bad.

Surgery: Its Principles and Practice.

In five volumes. By sixty-six eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume III. Octavo of 1-132 pages, with 562 text illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume, cloth, $7.00, net; half morocco, $8.00, net.

This is the third volume of this excellent work. It deals with the surgery of the head, neck, thorax, breast and abdominal surgery, including that of all the viscera of that region. Kocher, of Berne, contributes the chapter on the thyroid gland. The Mayos those on the stomach, liver and gall bladder, and Moynihan that on the spleen. The work represents the very latest in the field of surgery, and with the other volumes will take the place of all works on surgery previously issued, small and large. The one who has the last say in this branch, especially when the authorities are so well known as the contributors to these volumes is and will remain for some time the great authority on the subject.

Our Insect Friends and Foes.

By Belle S. Cragin, A. M. G. P. Putnam's Sons. N. Y., 1899.

Mosquito Life.

By Evelyn Groesbeck Mitchell, A. B., M. S. G. P. Putnam's Sons, New York, 1907.

These two works on entomology are works that any physician may own with great benefit to himself. The first one is general, and from it may be learned much about insects that are known to be carriers of disease, and the subject is so well presented that further studies in the same field will be stimulated and the powers of observation heightened. It is well illustrated, and one that will sustain an interest to the end.

Mosquito Life needs no introduction to the physician who has kept abreast of the advances in medicine. This book is the latest on the subject, and the thorough manner in which the subject is presented will add value to the work. Special chapters on Mosquitoes in Malaria, in Yellow Fever, in Leprosy, and Mosquito Remedies and Enemies are carefully worked out. It is a good work for the physician to have. It is handsomely printed and illustrated.

A Text-Book of Minor Surgery,

By Edward Milton Foote, A. M., M. D., Columbia University, New York. D. Appleton & Co., New York and London, 1908.

This is the most complete work on the subject that has ever come to our notice. It is a work that goes far beyond the usual acceptance of the term minor surgery, which heretofore has been used to include dressings, bandagings and the simplest operation. This work goes much further and probably includes all operations except those that may be designated as major. We find herein cleft palate, hernias, fractures, dislocations, etc., treated. So the work is in reality a surgery, and we regret the term minor as a misleading one, for this excellent and useful work founded on experience and presented in an able manner.

Therapeutics of Vibration.

By W. Lawrence Woodruff, M. D., Los Angeles, Cal. J. F. Elwell Publishing Co., Los Angeles, Cal., 1907.

This is a work by a homœopathic physician, and is one that contains much useful information about vibration, its indications and application. It is not written in the interest of any vibrator company, but from the scientific standpoint, and so will recommend itself at once to the physician who desires to find out something about the subject. There is an interesting chapter devoted to the influence of vibration upon drug action which will repay reading. One can learn much of the action of our remedies by reading and studying this chapter.

Visiting List for 1908.

P. Blakiston's Son & Co., Philadelphia. This is the old favorite, handy in size and one every physician will need. We would call it at this time to the special notice of prospective graduates. Take our word for it it is the best of its kind.

The Correction of Featural Imperfections.

By C. C. Miller, M. D., Chicago. Including the description of a variety of operations for improving the appearance of the face. 136 pages, 73 illustrations. Prepaid, $1.50. Published by the author, 70 State street, Chicago, Ill.

A little work of great value for the surgeon, full of suggestions and worth the price.

The New York Homœopathic Medical College and Hospital announces a therapeutic week, from May 11th to May 16th. The subject of therapeutics in its broadest sense is to be the one exclusively considered in this course. Lectures and demonstrations by members of the faculty are to be held each day from 1 to 6 P. M. This is an excellent plan, and one, we believe, will attract not only large numbers of the alumni, but also others. There is no college in our school that is better equipped to give just such a course. Send to the secretary for a program. It is one that will surely interest you.

For the treatment of a burn try ten grains of menthol in an ounce of witch hazel that has been diluted one-half with water. The menthol paralyzes the nerves that are producing the pain, and the patient is easy in one minute. By relieving this pain, the inflammatory action that is to follow is largely limited. A good way is to apply a bandage to the injured part, then soak it with the menthol solution.—Med. Harbinger.

Medical Legislation.

The laws of many of our States create health boards clothed with despotic power that would call the blush of shame to the cheeks of a Nero. European medicine has the majority, and the adherents to American ideas must dance to whatever jig that these European pipers propose to fiddle. Their principal idea of a rise in the standard of medicine is to rid themeslves of the competition offered by the eclectic and Homœopath.

The most thorough educated man in materia medica constitutes the most successful practitioner, while in the great State of New York the examination before the State board does not include a single question upon this most important branch. A man need not know the action of a dose of castor oil to become a licensed physician in that State if he be a regular.—E. R. Waterhouse, in Medical Harbinger.

The Use of Sulphur in Dermatology.

Although recognized as one of the most valuable remedies for many skin lesions, Sulphur is sometimes criticised as being somewhat unreliable in its action. While usually exceedingly effective, it at times falls short of what is expected of it in a manner not wholly explicable by the possible individual variation in different cases. Reicke (Deutsche medizinische Wochenschrift, December 12, 1907) ascribes this largely to the difference in the size of the sulphur particles contained in different preparations, the larger the crystals the less active being the application. Stitch has investigated this matter and described in the Pharmaceutische Zeitung, No. 75, 1907, several methods of obtaining ointments in which the sulphur is in a state of extremely minute subdivision. The one of these that Riecke has found most satisfactory is made by freshly precipitating a solution of sulphurated lime and triturating the still moist precipitate with an ointment base in such proportion as to form a thirty per cent. ointment. Riecke states that this preparation is unusually satisfactory in the treatment of scabies, acne, seborrhea and parasitic affections, and, in fact, whenever sulphur is indicated, its increased potency being due to the very minute state of subdivision of the active agent and the large proportion present. The ointment, it is stated, can readily be prepared by any druggist, and the attempt is being made to have it incorporated in the next edition of the German Pharmacopœia.—Medical Record, New York.

In Our Publisher's Department

Will be found a column devoted to exchange of merchandise. It is somewhat of a characteristic of the Yankee nation to "swap things," and to be ever ready for a trade. We have established this column to fill a certain demand that has always reached our office. As to its ultimate success we cannot determine, but we do know that doctors, as a class, have lots of things lying about of which they can make no use, while another physician would be glad to have some of them. Books, instruments, office apparatus, electrical apparatus, all have a greater value to the one who wants them than oftentimes to the possessor. Keep track of this column and you may strike a "bargain." This applies to the men in the profession as well as to the women.

AUXILIARY COMMITTEES OF THE COUNCIL ON MEDICAL EDUCATION.

Pursuant to the resolution passed at the meeting of the Council on Medical Education held in Chicago on October 25, 1907, to appoint three physicians in each school from each State, the following have been appointed to represent the homœopathic school:

Maine—W. E. Fellows, Bangor; J. F. Trull, Biddeford; W. S. Thompson, Augusta.

New Hampshire—C. Bishop, Bristol; C. A. Sturtevant, Manchester; W. Tuttle, Exeter.

Vermont—C. A. Gale, Rutland; E. W. Kirkland, Bellows Falls; G. I. Forbes, Burlington.

Massachusetts—J. P. Rand, Worcester; E. H. Copeland, Northampton; G. F. Martin, Lowell.

Rhode Island—H. A. Whitemarsh, Providence; Jno. Bennett, Pawtucket; H. M. Sanger, Providence.

Connecticut—E. B. Hooker, Hartford; E. H. Linnell, Norwalk; C. H. Payne, Bridegport.

New York—H. D. Schenck, Brooklyn; A. R. Van Loon, Albany; D. G. Wilcox, Buffalo.

New Jersey—M. D. Youngman, Atlantic City; A. Drury, Paterson; V. A. H. Cornell, Trenton.

Pennsylvania—T. H. Carmichael, Philadelphia; E. M. Gramm, Philadelphia; E. R. Gregg, Pittsburg.

Delaware—J. Adair, Wilmington; I. W. Flinn, Wilmington; C. A. Ritchie, Middletown.

Maryland—A. P. Stauffer, Hagerstown; G. E. Lewis, Rockville; C. L. Rumsey, Baltimore.

Virginia—G. F. Bagby, Richmond; H. E. Koons, Danville; C. E. Verdier, Norfolk.

West Virginia—A. A. Roberts, Wellsburg; W. R. Andrews, Mannington.

North Carolina—A. W. Calloway, Asheville; W. E. Storm, Wilmington.

South Carolina—A. L. Smethers, Anderson.

Georgia—F. H. Orme, Atlanta.

Florida—A. S. Munson, DeLand; A. L. Monroe, Miami; L. G. Larner, Tampa.

Alabama—A. M. Duffield, Citronelle; R. D. Brown, Mobile.

Mississippi—G. W. Crock, Vicksburg; A. O. Hardenstein, Vicksburg; J. C. French, Natchez.

Louisiana—E. Harper, New Orleans; R. D. Voorhies, Lafayette.

Texas—W. D. Gorton, Austin.

Kentucky—O. L. Smith, Lexington; C. A. Fish, Frankfort; R. L. Eltinge, Louisville.

Tennessee—W. A. Boies, Knoxville; F. Freeman, Chattanooga; G. A. Coors, Memphis.

Ohio—M. P. Hunt, Columbus; G. J. Damon, Akron; L. Phillips, Cincinnati.

Michigan—R. S. Copeland, Ann Arbor; M. C. Sinclair, Grand Rapids.

Indiana—J. H. Baldwin, Jeffersonville; D. H. Dean, Rushville; F. J. Schulz, Ft. Wayne.

Illinois—O. B. Blackman, Dixon; J. P. Cobb, Chicago; E. A. Taylor, Chicago.

Wisconsin—S. R. Stone, Rhinelander; E. W. Beebe, Milwaukee; F. A. Walters, Stevens Point.

Minnesota—G. F. Roberts, Minneapolis; O. K. Richardson, Minneapolis; L. G. Wilberton, Winona.

Iowa—C. W. Eaton, Des Moines; F. Kauffman, Lake City; T. F. H. Spreng, Sioux City.

Missouri—W. E. Reily, Fulton; H. W. Westover; St. Joseph; L. E. Whitney, Carthage.

Arkansas—M. R. Regan, Eureka Springs.

Oklahoma—J. Hensley, Oklahoma City; M. Vandervoort, Guthrie; W. T. Kimberley, Guthrie.

Kansas—M. E. Kemp, Cherryvale.

Nebraska—E. B. Woodward, Lincoln; G. J. Goodshaller, Lincoln; H. R. Miner, Falls City.

South Dakota—A. A. Cotton, Vermillion.

North Dakota—J. G. Dillon, Fargo.

Montana—

Wyoming—

Colorado—S. S. Smythe, Denver; J. P. Willard, Denver; L. P. Faust, Colorado Springs.

New Mexico—J. S. Keaster, Roswell; A. P. White, Hope.

Arizona—J. W. Thomas, Phœnix; H. T. Southworth, Prescott; A. G. Schnabel, Tuscon.

Utah—E. P. Mills, Ogden.

Idaho—H. V. Holverson, Boise City; W. N. Semones, Nampa; P. S. Peck, Genesseo.

Nevada—C. A. Crockett, Reno.

Washington—E. W. Young, Seattle; C. E. Grove, Spokane.

Oregon—C. A. Macrum, Portland; C. H. Atwood, Portland; J. F. Titus, Eugene City.

California—P. R. Watts, Sacramento; E. C. Buell, Los Angeles; G. E. Manning, San Francisco.

BUREAU OF HOMŒOPATHY—AMERICAN INSTITUTE OF HOMŒOPATHY.

1. Sectional Address—Dr. R. F. Rabe.

2. Drug Pathogenesis, what should it embrace? Subjective and objective symptoms. Pathology, its relationship to drug pathogenesis. Is pathological prescribing possible, and if so, how and when? What part must it play in the consideration of the totality of the case? Its subordination to subjective symptomatic prescribing. Dr. George Royal. Discussed by Drs. Thomas G. McConkey and E. A. Taylor.

3. (a) What must be the anamnesis of the properly taken case include? Is diagnosis to be considered, and if so, to what extent? Its subordinate part in the homœopathic prescription. (b) Taking the case. The acute case. The chronic case. Dr. T. H. Hudson. Discussed by Drs. H. C. Allen and Frank Kraft.

4. To find the Similimum—The use of the Repertory in practical every-day work, with graphic illustrations. (a) In the acute case, (b) in the chronic case. Dr. H. C. Allen.

5. The remedy, when to give and when to stop it. Repetition in (a) the acute case; (b) the chronic case; (c) in the incurable case. Homœopathic palliation, its sphere of usefulness defined; why superior to so-called physiological palliation? The selection of the suitable potency; what factors enter into its consideration. Dr. H. A. Cameron. Discussed by E. E. Case and E. B. Nash.

6. Homœopathic aggravations defined—Their

causes and management. Methods of controlling them. Curability or incurability of a case, after watching the effect of the Similimum. Influences, extraneous or otherwise, which interfere with the action of the remedy. Dr. J. B. S. King.

7. The limitations of remedial activity. When does Surgery become necessary and why? The importance of Homœopathic prescribing in the preparation of the patient for operation. Homœopathic after-treatment in surgical cases. Disease itself, distinguished from disease results. The pathological end-products, why not always curable. Hahnemann's advice concerning the curable in disease and the curative in medicines! The patient to be prescribed for always, not the disease. Dr. J. C. Fahnestock.

8. A consideration of the Miasms in the treatment of Disease. Psora, Sycosis and Syphilis, their combinations and their importance as causative factors in the production of sickness. Dr. Thos. G. McConkey. Discussed by Dr. H. R. Arndt.

9. The importance and necessity of keeping accurate records in the treatment of chronic diseases. Dr. G. P. Waring. Discussed by Dr. Lewis Pinkerton Crutcher.

10. The Homœopathy of Hahnemann. Dr. E. A. Taylor. Discussed by Drs. W. J. Hawkes and Willis A. Dewey.

Civil Service for Medical Examiners.

The law, as it now stands, is based upon the theory that any practitioner of medicine who may receive the appointment at the hands of a governor or other appointing power is competent. Any man reaching the age of twenty-one years who has been born in this country may vote. Ability to read, write, understand or reason, does not enter into the qualification of a voter. Neither is there an education qualification for medical examiners. A man who never learned a Latin declension, an algebraic theorem, geometrical proposition, a principle of physics or a chemical formula, who can neither write a letter clearly nor punctuate and capitalize it may and, to everybody's knowledge, often does pass upon the proficiency of students in these various preliminary subjects. Men without broad or liberal culture, the sympathetic sense or an inkling of pædagogical science examine literary and scientific graduates without hesitation or misgivings.

According to the lofty scheme unfolded by a member, a vice-president, we believe, of the New York board, we are to have "U. S. Physicians and Surgeons" (see Hahnemannian Monthly for December), there is to be "An Aristocracy of Medicine." By an elaborate series of examinations, clinical tests, instrumental demonstrations, morgue operations, etc., he will have students admitted to this heirarchy. Very well. We have this to say before that time comes, a Civil Service restriction will be placed so that the large mass of unfit be made ineligible as examiners. If the students from universities and colleges are to be put through the several degrees of initiation and advancement suggested, a similar, but much more severe, test must be applied to the examiners to determine their finites.

We are in favor of an advanced curriculum and thorough examinations, but stand for a profession of examiners that has passed a proportionately more severe test at the hands of a competent and sufficient Civil Service board, or similar tribunal than is exacted of candidates for license. The first State that takes this step will be the first to become consistent.

Every State having a university should establish a school for prospective medical examiners and raise that service to the rank of a profession. There are schools to prepare men for the consular and diplomatic service, to work under the national forestry commission, to enter the corps of military and marine engineers.

Before the A. B. degree is made compulsory for prospective medical students, at least, the A. M. should be compulsory for members of examining boards. [University Homœopathic Observer.]

A Tainted Dish.

Here is a resolution passed by the Northampton County Medical Society at its regular annual meeting:

Whereas, The American Institute of Homœopathy, the highest organization of homœopathic practitioners, defines a "homœopathic physician" as one "who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of Similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right;" therefore, be it

Resolved, That in the opinion of the Medical Society of Northampton county these statements which in some parts seem to claim a superiority that is not considered in good form by the majority engaged in the earnest study of any branch of science do not in their entirety "designate their practice as bearing on an exclusive dogma or a sectarian system of medicine," as contemplated in the principles of medicial ethics.

Resolved, That the Northampton County Medical Society, should the district censors approve our interpretation, invite all homœopathic physicians of the county who may be otherwise eligible, to unite with us, provided they are willing, individually, to subscribe to the above quoted statement of the American Institute of Homœopathy.

This would seem harmless enough but the industrious circulating of the same in every paper that they could get to publish it, and by the members circulating copies broadcast, shows conclusively that the idea is to educate the laity to the fact that is not a fact, that they are doing all this with the love of the Homœopath in their hearts. Beware of such poisoned bouquets. We should go into any society upon our own interpretation of Homœopathy not theirs, made like the definition itself, to order.

An interesting and loyal letter from Dr. Hensley, of Oklahoma City, will be found under correspondence. The doctor is not one of the kind to have sore spots about him.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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MARCH 1, 1908

Editorial.

THERAPEUTICS THE SUPERSTRUCTURE.

"It is not in Jerusalem alone that the Prophets are stoned."

The February issue of our esteemed contemporary, the North American Journal of Homœopathy, contains an editorial criticising an article by Dr. George Royal, of Des Moines, Iowa, which appeared in the Iowa Homœopathic Journal under the title, "Therapeutics for the Superstructure."

In the first place the writer of the criticism, while accusing Dr. Royal of "confusion," shows a more confused state of mind himself. Indeed we can hardly call it simple confusion, there is, in his case, a better name for it. He says: "If Dr. Royal puts prevention before cure, why not preventive medicine, with all that it implies of hygiene, sanitation, epidemiology and prophylaxis, stand up with, if not take precedence of, therapeutics as the superstructure."

The confusion of the critic as to what therapeutics is, is apparent, and he would do well to consult the dictionaries. Dr. William Boericke, in his Principles of Homœopathy, after stating that the word is derived from a Greek word meaning "to attend upon," defines therapeutics as follows:

"It includes all that relates to the science and art of medicine, includes all agents, medicines among them, which may aid this purpose. It embraces dietetics, climate, clothing, bathing, nursing, applications of heat, cold, electricity, and all other means used by the physician for restoring health when that is possible, or in palliating violent conditions or incurable diseases or in *preventing their development.*"

Therapeutics, therefore, is divided into preventive, palliative and curative. The preventive embraces hygiene, sanitation, epidemiology and prophylaxis, and we may add that there is such a thing as a preventive prophylaxis, if we may be permitted to use such a term, in which medicines are employed.

Further on the critic asks whether examining boards determine the subjects of examination. It may interest him to know that there are but five States of so low a grade as to omit from the subjects required materia medica and therapeutics, and some of these even omit the practice of medicine. These have evidently sought the "advice of the medical profession," or, at least, that branch of it which, for the very practical "political" reason, so eulogized by our critic, seeks to abolish these subjects, and for the present claims that the people are best protected by laws which will permit any old barber to be licensed, while those who desire to apply the practical art of medicine to the cure and relief of disease, and are willing to be examined as to their fitness to do it, are for the same practical "political" reasons refused this privilege. It is quite true that "the medical politician has no use" for a board protecting the people by examinations in materia medica and therapeutics, and the reasons therefor are more than obvious.

The next item of the criticism is not a new one. We have heard it for thirty years, but it is only recently that we have heard it in our own ranks, for its genesis is purely allopathic and comes from the same "practical politicians." It is and has been for years their stock argument before State legislatures in their endeavors to get medical matters into their own hands. In New York they succeeded in debasing Homœopathy, eclecticism and physio-medicalism to the level of the "healer," the "vitapath," the "panpath," the "electropath," the "hydropath," and "the-layer-on-of-hands-doctor," and elevating osteopathy to the level of allopathy. It is a record that has received, and is receiving the endorsement of the "practical medical politician" whose habitat is in the latitude and longitude of Dearborn avenue. The "infinitude of therapeutic systems" is veritable tommyrot. There are no such "schools" as these latter ones.

Finally our critic "points out that the American Institute of Homœopathy has not endorsed Dr. Royal's views."

We desire to point out that at the last meeting of the Institute held at the Jamestown Exposition the following resolution was passed:

"*Resolved,* That the American Institute of Homœopathy insist that an examination in materia medica and therapeutics shall be a necessary part of all tests for medical licensure, and we recommend as representatives of the school of Homœopathy that members of such school holding positions on

examining boards discountenance reciprocity with all States not having examination in materia medica and therapeutics."

We regard Dr. Royal's position as a strong one, and in view of the industrious adverse legislation that is being promulgated by the "practical politicians" at the present time it is the only one to take, and this too even if therapeutics includes no more than the administration of medicines for the cure of the sick. Here, and here alone, are the people truly protected. And upon this rock we must rest our cause.

ORIGINAL RESEARCH WORK.

The article in this issue of the Medical Century on the Internal Administration of Vaccines, by Drs. Burrett and Runnels, is one that our readers should carefully digest. It opens up a field of thought and suggestion for further work along these lines.

The Journal of the British Homœopathic Society, the last issue, contains an article by Dr. Wheeler, which shows some original work along the line of the provings of our remedies. It is in the way of substantiating the apparent fact that our remedies have an effect on the opsonic index, which means that under certain conditions they increase the vital force, that is, the powers of resistance to germ invasion and especially to germ development, and that the action of our drugs corresponds to the toxins developed by the germs. Wheeler shows that Phosphorus increases the vital force, or resisting power of the organism against the tubercle bacillus. This does not mean that Phosphorus is always to be the remedy for tuberculosis, there is no specific for disease; but there is a specific for a certain set of symptoms found in the individual. In one case this may be Phosphorus, in another Calcarea, and in another Stannum. Each individual is a test tube, and as certain germs, that of tuberculosis, for example, will show a different development in the media of the different individuals, so certain remedies will correspond thereto. In other words, as there is an individuality in the behavior of the toxin, so there is an individuality to be reckoned with in the application of the remedy.

Dr. Burrett has an article in the last number of the University Homœopathic Observer giving a preliminary report of some of his work right in this same field. He experimented with Echinacea against the staphylococcus aurens, and found that the drug given internally raised the power of resistance against this germ.

All this work is good work cannot be too warmly encouraged. It will enable us to "show them" some reasons why the small doses of Homœopathy, chosen according to the law of similars, do the work, pleasantly, quickly and completely.

Two thousand members of the American Medical Association allowed their membership to lapse in 1906.

EDITORIAL BREVITIES.

Where It Pays.

Often in talking with a doctor about joining the Institute, we are met with the question, Where does it pay me? And it is quite like our human nature to want to see dollars and cents come in for dollars and cents paid out, not to speak of the necessity for the same in the majority of instances. It's really not much use in preaching to some of us about loyalty to our profesion or the general good to be derived from joining medical societies. We want to see just where the dollars are coming in on the proposition. Sometimes we can show just where they do come in.

We have been favored with a look into the 1907 Transactions, which will probably be in the hands of the members before they read this. The book ought to appeal to all as a splendid effort and our hard-working secretary should have the largest possible credit for his work. Dr. Kraft has put his best self into his duties and merits the praise of his colleagues. But we did not intend to throw any bouquets at this time. We are saving them for our next number. What we started to say was that, in one of the papers presented, the author shows how an operator with one of the popular therapeutic lamps can save about seven years' dues in the refurnishing of his lamp. When you get your copy, read the paper on page 921, by Dr. Boileau, and read also the discussion which follows. We miss our guess if the user of the therapeutic lamp does not find something that will *keep* dollars in his pocket.

The Childless Homes.

The work of the Delineator, of New York, is to be commended fully. It is conducting a child-rescue campaign, trying to bring into the home that needs a child the child that needs a home. In America there are two million childless homes. In New York alone there are twenty-five thousand homeless children. And the Delineator has started to get the one to the other. It needs no argument to show the wisdom and altruism of this movement, the only thing to do is to help it on in every possible way. What it may mean to the future of the nation cannot be estimated. The child develops along the line of least resistance, and these homeless waifs are sure to become the outcasts, physical and moral, of the future unless they are put into surroundings which make it impossible for them to "go to the bad" easily. So we say all success to the plan of giving to the home that needs a child a child that needs a home.

The Future of the Training School for Nurses.

A hospital in one of the largest cities of the country threatens to disband its training school of nurses for the alleged reason that the financial returns from the school fell short of those for last year. The proposition is to substitute a paid corps of graduate nurses. We have no hesitancy in condemning such a course. That such a thought has

been even considered shows that the managers have no consideration for the duties of the hospital to the community, and none for its duties towards those of our women who desire to fit themselves for a life-work in the profession of nursing. Simply to sit back and declare that because the school is deficient in earning capacity, and, therefore, must be abolished; well, we do not care to discuss the action, we might say things.

There is, however, a phase of the training school question that might bear discussion, and that is whether nurses are not trained "too fine" with relation to the physician under whom they are working. And we are saying under whom quite advisedly, if you please. There are too many nurses who are apt to forget that they are under anybody and act as though they are supreme in the conduct of a case. The fault lies with their training. A little knowledge is a dangerous thing. A possible difficulty in the matter of teaching the nurse is to know when to leave off teaching.

And that brings us to the point as to whether the course of instruction in the training school is not too long. Almost all the schools require three years' time. This does seem a long time, and in one way it is, while in another it is not. If the nurse is to be kept at her books all that time and required to be letter perfect in her anatomy, physiology and the like, the time is far too long by at least one-third, we should say.

But if the hospital can retain control of the nurse after two years of training inside the hospital, and give her another year of training outside its walls, but still under supervision, we are inclined to think that the time could be very profitably spent. There are two dangers in the longer term. The first refers to the nurse herself. Very few know what training really means. The work is hard, decidedly hard. The hours are long, too long, sometimes, requiring twenty-four hours or more of continuous responsibility. Consequently the physical, mental and nervous strain is such that many break down under it and have to give up the work. So we say there is result to the nurse which must be considered.

There is another side, and we must be understood to refer to it only in the spirit of fairness to the patient. We refer to the possibility that the nurse, after all these months of training, may get the idea that she is competent to change orders left by the physician for the care of his patient. There is a possible emergency that may excuse such action. We are not considering that. We know there have been cases where the instructions of the physician have been deliberately over-ridden by the nurse because her treatment she conisdered better. That, of course, is all wrong, and must be wrong just as long as the nurse is under the physician. When she supercedes him, then, and then only, has she right to change his instructions. Of course, the danger of such a state of affairs developing in every case cannot be conceeded, but the danger is greater the more time and teaching is given.

Hence we speak for some consideration in the arrangement of the curriculum of study for the embryo nurse and along the lines of a combination of two years of work inside the hospital, with her anatomy, physiology, etc., from the books, and one year outside the hospital away from her didactic instruction. And this third year should be most carefully under the watchfulness of the superintendent of the school. She should visit the house where her pupil is engaged and should require from her reports concerning her management of the case. With this provided, it will not be necessary or wise to cut the time down to two years, as have New York and Roosevelt hospitals in New York.

Pure Milk.

Until the pure food law came into operation, probably more attention was paid to milk than to any one other of our food products, and this was obviously necessary for reasons which it is not our purpose to enumerate. Even now there is scarcely any food that is kept more continuously in the public mind than this, and efforts are being constantly made to educate the people to a right thinking about it.

Last year, through its proper committee, the Cleveland Chamber of Commerce, with the cooperation of the United States Department of Agriculture, held a milk exhibit to which were invited the dairymen of Northern Ohio. It was a competitive exhibition, and the dairymen were invited to submit samples of milk produced on their farms. These were tested by the government experts and medals awarded according to the excellence of the quality of the milk. A great deal of attention was attracted to the idea, and the Chamber had many inquiries about it. The government issued a special report giving the addresses made and the results attained.

This year a similar exhibit is to be made, and it is expected that a far better average of the product will be reached. Last year nearly one hundred farmers competed, and this year the outlook is that fully three times that number will send in their samples.

Prizes were given not only for the milk, but for the condition of the farm where the milk was produced, and the farmers were stimulated toward a desire to better their conditions in every way.

Editor's Table.

GENERAL NOTES.

We hear good news from the Hahnemann College of San Francisco. It has a larger number of students this year than ever before. The hospital is a round of success. The prosperity of the college and hospital at the present time is a striking picture of the thoughtfulness and kindness of the profession all over the land who came so timely to its aid in the moment of adversity and discouragement.

Dr. J. C. French, of Natchez, Mississippi, is health officer of that city. Homœopathic physicians are few in that State.

Dr. W. B. Hinsdale's article, "The Value of the Humanistics for Medical Students," which appeared in the Medical Century a year ago, has been translated into German by a noted scholar of the University of Vienna, Professor von Arnim, and appeared as one of the publications of that university together with other papers which formed the symposium at the educational conference where it was read.

Drs. C. H. Cogswell, Jr., and John W. Cogswell, of Cedar Rapids, Iowa, are at present in Europe taking post-graduate work in diagnosis and operative surgery.

Dr. P. W. Corune, formerly of Ypsilanti, Michigan, is in Selah, Washington. The doctor's health forced him to abandon medicine for a time. Fruit raising occupies his attention at present.

Our brother of the Critique has some pleasant things to say of the Medical Century and its propagandistic movement, for which we are duly appreciative. The Critique is one of the periodicals that believes in doing things, and we wish there were more like it. We never prospered so much as when we were aggressively pushing our doctrines ourselves instead of letting our friends, the enemy, do it for us. That is history.

The Critique announces that the Westminster University Medical Department will be made a strictly homœopathic affair, which is good news. Was it in 1895 or 1896 that the Pan-pathic National was bounced from the A. I. H.?

The Indiana Institute of Homœopathy will hold its annual meeting in Indianapolis May 26th and 27th. Dr. Solis Runnels is secretary.

Dr. J. B. Dunham, of Wenona, Illinois, sends us a copy of the circular letter sent out by the A. M. A. Councilor of his section. He learned that some homœopathic physicians were taking the bait. The doctor's pride in the homœopathic school and its institutions is such that they wasted no time on him.

Dr. C. E Fisher's excellent work in the Railway Construction Hospital at East Radford, Virginia, and summed up in his booklet is worthy of commendation. Most of the cases, of course, were surgical; but we note several cases of pneumonia, typhoid fever and other affections wherein good homœopathic treatment was employed. We believe the success of this must have made his staff, composed of young allopathic graduates, take some notice. Doubtless the doctor would have been glad to have been assisted by a staff from his own school, but there are so many good positions open to the young homœopathic graduate they are hard to get. The doctor is continuing his work in North Carolina at present. His present address is Altapass, N. C.

The attention of our readers is directed to a new feature to be found in our publisher's department. It will pay to keep track of this feature from month to month.

Dr. G. P. Cooley, of Detroit, has been appointed assistant surgeon for the Michigan Central Railroad.

Mr. Bok, of the "Female Magazine," has left off reforming the medical profession, and since the plaudits of the journal of the American Medical Association come no longer his way, "it's osteopthy for him."

Chologestin, all sorts of antitoxins, Green River whiskey, Fehr's tonic, antithermoline and glycoheroin are freely advertised in the same number of the Kentucky Medical Journal that condemns editorially Glycothymoline, Bovinine, Fellows Hypophosphites, Pond's Extract and Hydroleine. Now wouldn't that jar you.

Metropolitan Hospital, New York City, with its 1,300 beds is the largest homœopathic hospital in the world, and presents to its internes unsurpassed oportunity for obtaining experience in every department of medicine and surgery.

Examinations for appointment on the resident staff will be held at the hospital on Friday, April 3, 1908, at 10 A. M., and simultaneously at Chicago, St. Paul, St. Louis and Cleveland.

Eighteen vacancies are to be filled for 12 or 18 months' service, commencing June 1st or December 1st, 1908.

Applications for examination, accompanied by three letters or reference should be sent to Edward P. Swift, Chairman Examining Committee, No. 170 West 88th street, New York.

We have received a Brazilian Homœopathic Guide, issued by Dr. Nilo Cairo, of Parana, Brazil. It gives the names of 150 Homœopaths practicing in that country, and some forty pharmacies keeping homœopathic remedies. The book contains much information about Homœopathy in Brazil, its hospitals, dispensaries, periodicals and literature.

The "Future of Homœopathy," Dr. DeWitt G. Wilcox's speech at the N. Y. State Society banquet, is before us in pamphlet form. It is well worth careful reading.

Dr. A. B. Norton has tendered his resignation from the staff of Flower Hospital, on account of health. The trustees regretfully accepted the same.

Drs. S. H. Knight and G. G. Caron were the stars at the regular meeting of the Detroit Homœopathic Practitioners' Society, on February 24th, both reading excellent papers, we are told, and we believe it.

The Fort Myers Country Club had a grand opening in February. Dr. M. O. Terry is president. In fact, the doctor is the heart and life of the club, but he is ably seconded by his amiable better half.

Dr. M. P. Hunt, of Columbus, O., is one of the incorporators of a new hospital in that city. A fine building is to be erected at once.

CLEVELAND NOTES.

On Lincoln's birthday one of Detroit's newspapers printed a very striking likeness of the martyred President with the following tribute from the pen of Dr. T. P. Wilson:

Look you! Is this the face of mortal man
That shines as doth the sun, o'er mountain tops
At dawn, presaging the day and glad return
Of happier times? How deep the chasms show
Where most the light effulgent falls! Yet naught
Can light them to their undiscovered depths,
Since they were channeled by the tears that welled
From out the hidden fountain of his soul.
And yet men thought him base! But when Heaven stooped
To kiss his rugged brow and seal it with
A martyr's signet, then in truth not he
But all the world was changed, so that it saw
With vision crystalline, the Perfect Man.
All ages, prototype and consequent.

Dr. H. F. Biggar has been spending the greater part of the winter in the southland, putting on more youth and vigor. During his playtime he has not forgot the interests of the Surgical and Gynæcological Association of the Institute, of which he is president. We foresee a program that will make the members sit up and listen and draw towards Kansas City like a loadstone.

Dr. D. H. Beckwith and Mrs. Beckwith are spending the cold months in South Carolina and farther south. The good doctor is more than holding his own against the march of time. Recently he passed another milestone (we won't say which one), and looks like he will outlast a big lot of men who were born after he was. The Cleveland Homœopathic Hospital at their annual meeting held last month elected him an honorary life member of the Board of Trustees. This was a well merited honor, for probably no man living has had more to do with the success of the hospital than he. A magnificent basket of flowers from the trustees accompanied the notification of his election.

Dr. B. F. Dawley, of Toledo, was the guest of the Cleveland Homœopathic Medical Society at its February meeting. The doctor read a splendid paper on Uterine Fibroids, showing that he has had a particular interest in the subject, and has made it the subject of much thought and research. The paper was the subject of an interesting discussion participated in by Drs. J. C. Wood, Baxter, Jewitt, Jones and the chairman of the Surgical Section of the Society, Dr. C. A. Hall. Upon adjournment a number of the members, with Dr. Dawley, were the guests of Dr. Wood at supper at his club. The doctor's visit was much enjoyed, and all hope he may come again.

Dr. J. Edgar Colloran, one of Cleveland's recent graduates, has located in Chicago, having opened offices at Suite 809, Columbus Memorial Building. We wish him all the success due an earnest, hard working and hustling man.

Dr. H. E. Beebe begs to announce after January 1, 1908, the association of his son, Dr. Hugh M. Beebe, as partner in business. We wish the new firm an unbounded success, which is certainly deserved.

Dr. T. H. George announces the removal of his office to 307 Kingmore Building, Cleveland, Ohio.

Dr. Harlan Pomeroy, Cleveland, Ohio, announces that he has associated with him in the practice of medicine and surgery Dr. Earle V. Gray. Dr. Pomeroy has had a severe and prolonged attack of illness, which has finally necessitated his taking a rest from business. He is now in the South, where we hope he will find renewed vitality and vigor.

The recent death of Dr. Charles Austin Willson at his home in San Antonio, Texas, brings to a close a life which was full of struggle and success. The doctor was forty-nine years old, and all that he had and was came to him only after hard work. He graduated from the Cleveland Homœopathic Medical College, the valedictorian and first honor man of the class of 1883. He practiced in Michigan for several years, and served as assistant to Prof. Obetz, at Ann Arbor. Then he went to Pittsburg, where he was a decided success in every way. His work in the Pittsburg hospital as resident, attending physician and training school lecturer was of the highest order. He rapidly built up a fine practice, which gave promise of great things in the future. But, alas, it was not to be. It's the terrible story again repeated, of the development of tuberculosis and a fight for life. In 1892 he went to San Antonio, and no man ever put up a more heroic fight than did he. About half the time he was able to work, the balance of the time he was fighting disease in his own person. And at last he had to go! What a pity that such a man should have such a history and such an end. Here was an ability far beyond the average, a willingness and earnestness and uprightness that would have certainly made him a peer among his fellows and a power for good in the world. But he had to go! Peace be with him!

WASHINGTON ITEMS.

BY E. F. SAPPINGTON, M. D., WASHINGTON, D. C.

The regular monthly meeting of the Washington Homœopathic Medical Society was held at the Hotel Shoreham, Tuesday evening, February 4, 1908, at 8:15 o'clock.

The retiring president, Dr. Chas. A. Davis, read, as his valedictory address, a most excellent paper on the history of medicine. In conclusion he gave a brief resume of the work of the society during the past year. Dr. Ira W. Dennison, the president for the ensuing year, in a few well chosen words, thanked the society for the confidence and trust that had been placed in him.

Very interesting and instructive papers were read on the recent grippe epidemic, by Drs. F. A. Swartout, Julia M. Green and H. Welle Woodward. A general discussion followed, in which a number of the members took an active part.

Dr. J. B. Gregg Custis called the society's attention to a bill now before the District Commissioners, relating to the granting a license to practitioners of "chiropractics," giving them the degree of doctor and the privilege of signing birth and death certificates. The chiropractics treat by a form of massage, and desire a license without submitting to the regular examination prescribed by law in the District. The granting of such license would render all former legislation in the District null and void.

Upon motion the society adjourned.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER, KANSAS CITY, MO

There has never been a time in the history of Kansas City when the homœopathic profession was in better form for the task of American Institute entertainment than now. It is the concensus of opinion that there are less of personal bickerings than at any time in the past, and with most of these pinned to the flag of truce, there is much of hopefulness hereabouts.

It was not to be expected that the coming of our national society would meet the approval of every one in the local profession, nor was it to be hoped that these few dissenters would make any great sacrifice of time or money toward the success of the meeting. However, the homœopathic profesison at large will know after the meeting the significance of the minority protest, for it may rest assured that the local committee of arrangements has no intention of hanging its hat in the house of mal-contents.

Dr. Gates, the chairman, is earnestly at work offering to every Homœopath in Kansas City and adjunct territory a chance for service, and his efforts are proving abundantly successful. His committee is not, as yet, fully organized, but with this difficult task completed there will then be much of well directed activity.

The Missouri Institute has abandoned its 1908 meeting, and it is expected that the Kansas Society will do likewise.

At the January meeting of the Kansas City Homœopathic Society an invitation was extended to the O., O. et L. Society, and to the International Hahnemannian Association to hold their meetings here in June, and it is reported that the former has accepted.

Any word regarding the secular advantage of Kansas City would be superfluous at this time, following as it would the delightful and altogether accurate description presented by President Copeland to the Executive Committee of the Institute at its session in Cleveland.

More detailed information may be expected from this source in the April issue of the Century.

OBITUARY.

Dr. Joseph A. Bigler.

Rochester, New York, æt. 76.

Dr. T. O. Clements.

Dover, Del., January 22, æt. 55. Hahnemann College and Hospital, Philadelphia, 1880.

Dr. Charles A. Wilson.

San Antonio, Tex., January 28, æt. 49. Cleveland Homœopathic College, 1883.

Dr. R. W. Southard.

Perry, Okla., November 15, 1907, æt. 70. Hahnemann Medical College, Chicago, Ill., 1878.

Dr. C. A. Morrison.

Burlington, N. J., January 26, æt. 30. Hahnemann Medical College, Philadelphia, 1902.

Dr. Moses C. Farrar

Healdsburg, Cal., æt. 77, December 28, 1907. Hahnemann Medical College of the Pacific.

Dr. Frank H. Foster.

Chicago, Ill., æt. 56, January 18, 1908. Hahnemann Medical College, Chicago, 1872.

Dr. Geo. L. Stone.

Richmond, Va., æt. 63, January 9, 1908. Homœopathic Medical College, St. Louis, 1878.

Dr. Nelson Hunting.

Albany, N. Y., December 22, 1907, æt. 70. New York Homœopathic College, 1869.

Dr. C. G. A. Hullhorst.

Lincoln, Neb., February 6, æt. 60. Iowa State University, Homœopathic Department, 1882.

Dr. Henry A. Klock.

Mahonoy City, Pa., February 1, æt. 64. Hahnemann Medical College, Philadelphia, 1878.

Dr. A. D. Hammond.

Brocton, Mass., January 27, æt. 36. Boston University, School of Medicine.

Dr. C. W. Eaton, of Des Moines, Ia.

Just as we go to press we learn the sad news of Dr. Eaton's death on February 27th.

Examining Board Meetings, March.

Connecticut Allopathic Board, New Haven, March 10.

Connecticut Homœopathic Board, New Haven, March 10.

Connecticut Eclectic Board, New Haven, March 10.

Iowa State Board, Des Moines, Ia., March 10-12.

Massachusetts State Board, Boston, March 10-12.

Maine State Board, Portland, March 17-18.

Adonis:

This agent, when known, has the confidence of the prescriber in the treatment of certain forms of heart disease. It exercises its best influence in those cases where there is a deficiency of blood in the arteries; where the arterial tension and blood pressure are low, and where there is weak cardiac action.

This results in fullness of the veins and a temporary blood stasus, which subsequently induces blood pressure. Usually there is an irregular or intermittent and feeble pulse; occasionally, there is valvular deficiency with dropsical effusion. This results in a chronic congestive state with a congestive headache.

The remedy has been found of value in secondary heart troubles, those resulting from the various forms of Bright's disease, where there is heart strain and in endocarditis. It stimulates the heart muscle increasing its contractility. It seems to increase the contraction of the arteries, causing an improvement in the arterial tension. It slows a rapid and feeble pulse and regulates the heart beat. —Ellinwood.

OUT-DAMNED SPOT---MATERIA MEDICA.

In the last issue of the Observer we gave a classification of State examining boards putting in the low grade class those that do not examine in the application of remedies to the cure of diseases, as, for instance, the New York Board. They have eliminated from the curriculum Materia Medica and Therapeutics. The apology for this is, "it seems to be rendered necessary by the adoption of the mixed board system if we are to look for harmony in its action." Shades of Hering, Lippe, Dunham, Hempel, and all other elaborators of the homœopathic system in the United States, think of it. For the sake of a veneering of harmony with those who have sought our extermination by means unknown to honorable warfare, then by swallowing us and trying to digest us to death, we are to be exterminated by emaculation justified by law. Trimmed of her sailing-gear, our ark is to be a derelict, rudderless, compassless, and her sky to have its pole-star blotted out. Are we to do only the service of eunuchs in the temple of Æsculapias?

We have always contended that what makes a physician is his skill in prescribing. Heretofore, it has been the highest compliment to a homœopathic physician to have it said of him, "he is a good prescriber." Of course, he may be that hereafter; he will have to be, to deserve to be called a homœopathist. But the people are to have it impressed upon them that there is nothing worth while in medicines, and that by legal enactment.

The trustees of our college can now dismiss the teachers and professors of Materia Medica, Pharmacology and Therapeutics, as the students may pass and become legally qualified doctors without ever reading, hearing or knowing a word upon these subjects. As soon cut Anatomy out of Surgery, Embryology and Mechanics out of Obstetrics, Chemistry out of Hygiene, Bacteriology out of Etiology, as Materia Medica out of Medicine. Of course, it is pleasant for all mankind to dwell in harmony, but differences will spring up, they always have, and the last estate rising out of the new order may be worse than the first.

We hope not, but history gives no assurance that the alleged harmony of the present is more than temporary, either in New York or elsewhere.—University Hom. Observer.

CONSTITUTIONAL TREATMENT FOR GONORRHŒA.

In the treatment of gonorrhœa but few physicians have ever thought of the necessity of doing more than treating the case with thorough local treatment.

The writer in The American Journal of Dermatology claims that the gonococci may invade every part of the animal organism. In one case a patient who was thought to be suffering from heart disease suddenly died. Upon post-mortem examination, the left ventricle of the heart was found to contain an appreciable quantity of pus, which, upon microscopic examination, was found to be teeming with gonococci.

The writer believes that every case should be treated constitutionally, and when the proper constitutional treatment is determined upon, he thinks, gleet will be a relic and prostatitis but a memory of the past.—Therapeutist.

CRATAEGUS IN CARDIAC ASTHMA.

GEORGE OSBORNE, M. D., FREMONT, NEBRASKA.

I notice your request for a report of observations of the use of cratægus in the treatment of heart disease. I have suffered for many years from asthma of a spasmodic and nervous type, which has been accompanied with functional heart trouble.

For the past ten years there has been some enlargement of the right side of the heart. During this period there has been more or less intermittent pulse which has resulted in weakness and in difficult breathing.

There was one time, especially, when, after a number of days of this suffering, I was taken one evening with oppressed breathing which increased rapidly, until the following day, it seemed I would certainly suffocate.

I was in great agony. I told the nurse to give me eight drops of the tincture of cratægus every fifteen minutes. I experienced relief almost at once, and within an hour I was breathing quite easily and was very comfortable.

It is a question with me whether the cratægus could be of any benefit in asthma where there was no cardiac disorder. This agent has relieved the difficult breathing and, I think, imparted tone to the heart. During the past year there has been but little of the difficulty, yet my heart has been irritable and weak in sympathy with my general weakened condition.

I took this remedy at the advice of Dr. E. N. Leake, of this town, who has used it with great benefit in valvular heart diease where digitalis has failed to relieve the urgent symptoms. It has been necessary, at times, for me to take musk in conjunction with this remedy for the asthmatic symptoms, from which I have been a great sufferer from my youth.

I believe this agent is valuable for the purely nervous form of asthma. At one time I used an infusion of common chestnut leaves, drinking the infusion freely as I would water to relieve the thirst. I have heard that this agent has made permanent cures of asthma, although it is not confirmed.—Therapeutist.

The Tribune gives the following recipe for preserving ice in a pitcher of water: "Fill the pitcher with ice and water and set it on the center of a piece of paper, then gather the paper up together at the top and place the ends tightly together, placing a strong rubber band around the coil to hold it close so as to exclude the air. A pitcher of ice water treated in this manner has been known to stand over night with scarcely a perceptible melting of the ice."

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Addresses

ADDRESS OF THE PRESIDENT.

HERBERT DANA SCHENCK, B. S., M. D., O. ET A. CHIR.

(Homœopathic Medical Society of the State of New York.)

Medical Legislation.

Fellow Members: In reviewing the events of the past year which have a distinct relation to our society, nothing stands out as prominently as the legislation which was passed last winter, replacing by a single board of nine members, the three boards of medical examiners of seven members each, which had been in existence since 1892. This pending law was presented to you at the last annual meeting. Your attitude at that time was for an uncompromising fight for keeping the three boards. This was made, and, undoubtedly would have been successful had the campaign been between medical forces alone, but it was not a test of arms between the allopathic and homœopathic and eclectic schools, but it was between the State Department of Education, with the more or less passive assistance of the allopathic school on the one hand and the homœopathic and eclectic schools on the other. A considerable number of practitioners of allopathy were against the bill and outspoken in its opposition when the osteopathic compromise was made.

There has been considerable comment in this State and out of it, criticising the attitude of the homœopathic profession in this crisis, hence, I shall take this opportunity of giving to you the facts as they presented themselves to one who was in the closest possible touch with the situation during the time from the last annual meeting until the bill was signed by the Governor in May, at the risk of repeating some things which were said at the semi-annual meeting.

The agitation for the substitution of a single board for the three boards, wherever they exist, has been active in the American Medical Association for some years, but the chief lead in this State was taken by the Department of Education, which called a conference of representatives of the medical colleges of the State, as well as the State societies at the Department of Education, November 24, 1905. You will find in the "Transactions" for 1906 an account of what took place at that conference. At that time Howard J. Rogers, first assistant of the Department of Education, and representing that department, presented an argument for a single board under the following heads:

First, because it appealed to the department as more economical and efficient in administration. It had no relation to the medical side of the subject, being purely departmental.

Secondly, that one board would make it practically impossible for other boards to be created, of which he said there seemed danger of several. Here he created a man of straw, as no one could imagine a Legislature or a sane Governor considering the appeals of the kineteopath, Christian Scientist, etc. The only body of practitioners that had any support or organization behind them was the osteopaths, who were demanding much less recognition than the present law gives them.

At this conference the homœopathic and eclectic schools opposed vigorously the idea of having a single examining board, and nothing was done about the matter until the spring of 1906, when a bill was drawn for a single examining board, as I understand, by Howard J. Rogers and the counsel for the Medical Society of the County of New York. This bill was introduced in the Assembly, and, in the Public Health Committee of that branch of the Legislature, acted as a measure whose consideration helped amazingly to defeat the bill creating an osteopathic board, which had been actively pushed during the whole of that winter, with the sympathy, it was currently believed, of a great many members of the Legislature. This was practically the same bill that was introduced at the opening of the session in 1907, which had the strong support of the Committee on Public Health of the Assembly, the latter having a number of allopathic physicians among its members and a druggist, as its chairman.

Just before the Legislature convened in 1907, a decision was handed down by the appellate division in New York City defining medical practice and declaring all those not legally licensed as illegal practitioners and amenable to the provisions of the medical law regarding such practitioners. It was thought by the legal representative of the Medical Society of the County of New York that the osteopaths would defend the man whose case was used for the test, but the osteopaths repudiating him, made no move to modify this decision. They did make a move the moment the Legislature convened and introduced a bill legalizing osteopathy. They used this decision as a boomerang by sending

2,000,000 copies around this State telling members of the Legislature and the patients of every osteopath in the State that if they desired to be treated by osteopathy any longer, their bill legalizing their practice would have to be passed before the Legislature adjourned. This created such tremendous sentiment that the legislators felt its pressure at every visit home and the Senate committee on public health, which was very strongly biased toward osteopathy, espoused their cause and demanded a law legalizing all these practitioners.

Dr. Rogers, who was conducting the campaign for the single examining board, found very soon that he was unable to move his bill out of the Senate committee until some provision was made for the osteopaths, and the latter found that they could not move their bill out of the Assembly Committee until some provision was made for a single board.

Your officers and committee vigorously fought for the retention of the three examining boards and also as unfair, unjust and against public policy the licensing practically as practitioners of medicine of a large number of osteopaths who had had less preliminary training and medical education than had been required of medical students for many years past. A few members of the Legislature, under the leadership of Commissioner Howard J. Rogers, however, met one Saturday night (March 9th) in Albany, and sent for the osteopathic committee, then in that city, and told them that something must be done. After a prolonged session, adjourment was taken until Sunday morning, when the osteopathic committee defined their position and the present medical bill, which contains in a dozen lines practically all the provisions of the original osteopathic bill, was decided upon as satisfactory to Dr. Rogers, the committee men and the leaders of the Legislature.

This radically changed the whole complexion of the legislative fight, and, in spite of our opposition and our suggestions for amendment, the bill was finally passed and signed with scarcely any change in its professional aspects. We even went so far as to employ the best legal talent we could get to present our case before the Governor that he might see the justice of our contentions and veto it, but even in this we failed. We suggested amendments for compulsory representation of all schools upon the examining board; for the nomination of examiners by the State medical societies; for an examination in materia medica and therapeutics; and for a modification of the osteopathic section. Neither the Senate nor Assembly Committee on public health would accept them nor permit any change in the bill. Such as were introduced on the floor were defeated through the active opposition of these committees.

Our fight, however, before the Legislature and the Governor made such an impression that I feel sure that it resulted in the minority schools securing representation, and, further, in not permitting any school of medicine to have a majority of the board.

The bill, as passed, has four marked defects:

First, because it does not compel the Regents to recognize the different schools of medical practice by giving them a definite representation on the board.

Second, because it does not give organized physicians, who are the best judges of the qualifications of their members for positions on the examining boards, any voice in the selection of the examiners. This is left entirely to the personal whim of the Regents.

Third, the bill does not require an examination in therapeutics or materia medica. Since the beginning of civilization, all peoples and times have believed in the efficacy of drugs in disease, and physicians have always used drugs for treating their patients. It would seem, then, that the cornerstone of any examination for a license to practice medicine must be to find out whether a man had a sufficient knowledge of drugs and their proper administration. That he must have a knowledge of the collateral sciences of anatomy, physiology, chemistry, pathology, etc., everybody admits, but that the colleges can be left to take care of the knowledge of the students in materia medica and therapeutics, but not in anatomy, physiology, chemistry, etc., seems to be entirely at variance with human experience. Students work on the subjects upon which they are to be examined and teachers bend their energies toward making their students meet whatever requirements may be set, be it a promotion, entrance to college or what not. If materia medica and therapeutics is a "specialty," as was said in the Legislaure last winter, the practitioners of Homœopathy must stand in this class by themselves.

The fourth defect in the bill, was its broad compromise, letting in a large number of osteopaths as practitioners of medicine, as they claim, without requiring that they should have the preliminary education or spend the time and money required of medical men.

But do not go home with any delusion that this bill was passed through the efforts of the allopathic school. They had little to do with its drafting. The management of their campaign was left to the first commissioner of the Department of Education, who made the principal argument for the bill at the committee hearing before the Legislature. At the hearing before the Governor the homœopathic school was represented by nearly forty of its members, the eclectic school had a large delegation present, but the allopathic school was represented by a half dozen men, and their principal spokesman was Howard J. Rogers.

Without the support and guidance of this great State Department, this bill could never have passed the Legislature. Its first assistant was in the capitol seven days each week. His prestige, as an officer of a State department in the Legislature, gave him untold advantages over a member of your committee in access to the legislators and greatly augmented his influence.

Administration by Regents.

In this connection it might be well to briefly call to your attention the fact that when the original medical law established three examining boards was drawn it was placed in the hands of the Board of Regents for execution, as a matter of convenience. The legislative matters connected with its formulation were done by physicians after years of consideration to determine the standard to be required of medical men, the subjects upon which they were to be examined and the form of the law necessary for carrying these into effect. They also outlined the education necessary as a preliminary to the study of medicine. After the manner of bureaus generally, the bureau of the regents into whose hands this matter was put, assumed not only executive, but legislative power.

It is very easy for any executive to read into a law oppressive measures never intended by those who drew it, and this seems to have been the attitude of this bureau in regard to the preliminary educational requirements. They planned, they said, to have New York in the lead in this matter. As a matter of fact, they made the requirements so oppressive by their ruling upon immaterial points that they have made New York State in a class by itself, so far above others were their requirements. It was not a leader, and New York City, the largest and first in commercial importance in the United States, and the first, until recently, in the matter of medical education, fell to fourth or fifth place in the number of medical students who came to her for their education.

In Pope's directory for 1906 it is stated that Chicago had registered 2,127 students during the session ending May, 1906. Philadelphia had 2,089; New York, 1,705, and Baltimore, 1,658. These were far ahead of any other cities of the United States, and I believe the falling off in New York since then has made Baltimore third and New York fourth, if not lower.

Is it not time that medical men asserted themselves to correct this condition, that some change may be made so that the medical colleges of this State may not be filled almost exclusively by those who can pass the Regent's examination to the exclusion of the graduates of private schools outside of the State whose students may not have the exact qualifications of our regents' curriculum, but are as well educated in the general sense, which was all the law requires of any prospective medical student?

It would seem to me desirable that a committee be appointed from this society that would confer with other societies and report what action is best for us to take at our next meeting in order to place New York in the front rank as a medical centre.

Unnecessary Blindness.

One of the members of our society, as chairman of the State Commission for the Blind, has been doing most valuable work in the last two years in calling attention of the medical profession to the unnecessary blindness which still exists because of the careless treatment of our babies at the time of birth. Ophthalmia neonatorum has been known for forty years as a preventable disease, and for a long time, as of bacterial origin. In spite of this it is causing over 30 per cent. of the blindness in the United States at the present time. In our own State, over 30 per cent. of those entering the State School for the Blind, at Batavia, during the fall of 1907, were blind from this cause. In Pennsylvania, $33^1/_3$ per cent. In Massachusetts, about 30 per cent., and in Colorado, over 42 per cent. In Pennsylvania the average for eight years has been $33^6/_{10}$ per cent. of the whole number admitted have become blind from ophthalmia neonatorum. In view of these facts I urge upon every one of you to actively support all measures that are thought advisable to cut off such a prolific source of unnecessary blindness, and to support not only your State Department of Health, but your local health officers in promulgating among the midwives and mothers the dangers of this disease, and how it may be combatted. A committee should be appointed from this society to aid the committees of other organizations in the widest diffusion of the knowledge of the prevention of this disease and to secure action by legislation and otherwise for its control. It is particularly urged to find out in the large centres of population, where there is a large foreign element and where there are midwives, whether the Howe law is enforced requiring midwives to be licensed. It is also necessary to know how many cases of ophthalmia neonatorum occurred last year and whether any prophylactics were used and what. It has been found in a large number of cases where prophylactics were used that the newer silver salts were substituted for the old Credé nitrate of silver. Whether these adequately protect, is not known and steps should be taken to find out at once.

Tuberculosis and its Prevention.

The subject of tuberculosis has been widely agitated, and in this city of Albany was recently held one of the most remarkable conferences upon this subject ever held anywhere. The whole subject is of the greatest interest, and the matter of the registration, notification and other active measures advanced by our State Department of Health should have the earnest support of every member of this society who is interested in lessening this great white plague. A resolution should be adopted urging the Legislature to give an adequate appropriation for public meetings, so that a widespread and active campaign for dispensing knowledge upon this subject may be undertaken by the State. Pennsylvania appropriated $1,000,000.00 for fighting this disease last winter.

A Pure Food Law.

The pure food and drug act of the United States does not apply to food nor to drugs which are manufactured wholly within the State. It is necessary, therefore, that provision be made for the protection of the citizens of New York, by having a pure food law adopted and put into the hands of the Department of Health for execution, in order

that we may have the protection of our food supplies, as well as of our medicines, which the National Government guarantees to these products, which are sold in the different States.

United States Pharmacopœia.

In the formation of this national food law, one omission was made in the bill, which we ought to have corrected. In framing the bill, the United States Dispensatory and the National Formulary were made standards for the preparation of tinctures and various other drug preparations. All others were rated as proprietary medicines, and were required to state the amount of alcohol, etc., they contained. A bill now before Congress, introduced in the House of Representatives by the Hon. John Dalzell, of Pittsburg, has been referred to the Committee on Interstate and Foreign Commerce. It is known as House of Representative bill, No. 6089. This bill provides that the pharmacopœia which the American Institute adopted some years ago, and known as the United States Pharmacopœia, be mentioned in the bill, and put upon the same footing as the National Dispensatory and National Formulary. Action should be taken by this society, endorsing that stand, and members are requested to communicate with their Congressmen and ask them to give this bill their support.

Examinations of the Eyes and Ears of School Children.

Under the direction of the State Department of Health, an examination was held by the teachers last fall in over 95 per cent. of the 446 incorporated villages of the State to ascertain the vision of our school children, their acuteness of hearing, and whether they were suffering from nasal catarrh or were mouth breathers. They were also asked to report concerning children who had headaches or other conditions of the lids or eye balls, which are easily ascertained by any layman through inspection. This method followed the plan of Massachusetts, Vermont, Connecticut, and some other States, but it is not compulsory, as it is in those States. The department expects to extend this to the country districts as soon as it is in smooth working order in the villages, and public sentiment is aroused to its value. As physicians in your respective communities who thoroughly appreciate the value of this work, you can greatly assist in crystallizing public sentiment so that in these important respects the physical welfare of our school children may be greatly benefitted.

Materia Medica Symposiums.

The writer has been instrumental, on a number of occasions, in formulating and watching the results of what has been called materia medica symposiums, similar to that which those of you in Brooklyn enjoyed on the Tuesday evening of the last semi-annual meeting. It would seem most desirable and necessary to have as many verifications of our drugs as possible. It increases our knowledge of our materia medica, stimulates its study, and we ought to have at each of our meetings, a few of these reports presented. Not to exceed five minutes, should be consumed in the presentation of any case showing the curative action of the drug when administered singly. Such reports, when collected, would be of the utmost value in showing the results of cures by our remedies. Pioneers of Homœopathy in this State and elsewhere, were wont to spend most of their time in reporting their cures and discussing the value of our drugs. We have gone too far the other way, and it will be wholesome if we can have, at least, one or two papers yearly, that will enter into the philosophy of homœopathic therapeutics.

Papers Read by Title and Those Not Ready.

One of the abuses of all medical societies and one that detracts considerably from their attendance and interest is the fact that a number of papers are put upon the programme which are never written or finished. It has been the habit of medical men from time immemorial to come to the meetings with the ink scarcely dry upon their papers. This results in more or less carelessness in their preparation, and makes it impossible to secure the formal discussion, which brings out those spontaneous remarks which often add most valuable facts to the subject. The standing resolution in regard to reading papers by titles should be rescinded. My experience during the past year and in other organizations in which I have been an officer, leads me to believe each year more and more that no paper should be put on the programme that is not prepared at the time the programme goes to press, and that every paper on a programme should be read. It is boyish and beneath the dignity of any medical society to think it is punishing a writer who has taken the time to prepare a paper by reading it by title when some unforeseen crisis has arisen, which makes it impossible for him to attend the meeting. There may have been half a dozen or more who have come to the meeting to hear that paper read, and they, as well as the writer, have rights to be protected. Several people went to hear a paper that was read by title at the semi-annual meeting and were much disappointed to think they had spent the whole afternoon to hear only its title. The impressions made by hearing a paper well read, are much deeper than those that can ever be brought out through seeing the same paper in type. The facts are nailed to our memory so that they are always at hand, which is not always the case when papers are read.

Committee on Resolutions.

The time has come when this society is large enough and important enough to have a standing committee on resolutions to whom all resolutions should be referred, as they are in our national society. There they can be thoroughly considered, changed into a better form, if necessary, and then brought up to the society for consideration at a later period of the meeting. I would recommend that a standing resolution be adopted forming such a committee.

Delegates of the Interstate Committee of the American Institute.

This committee is developing more and more each year into one of the most valuable committees of the Institute in guarding and promoting the in-

terests of Homœopathy. Too little attention has been paid in the past to the selection of delegates to this committee and to informing them of their duties. It would seem desirable to have appointed upon this committee such members of the State society who are members of the Institute as attend its meetings regularly and are in touch with its proceedings. The Institute by-law, which provides for the formation of this committee, says:

"That it shall consist of two members from each State, to be appointed by the respective State societies, provided the appointees are members of the Institute.

"Delegates shall be appointed for a term of four years and hold office until their successors are appointed. Each State society shall also appoint one or more alternates."

There is no provision made in our by-laws for these officers, and I would suggest that a standing resolution be made or an amendment to the by-laws authorizing the president to appoint delegates and alternates, and to see that New York State is annually represented at the Institute meetings.

Present and Future Work for Homœopathy.

The full effect of the medical legislation of the past year upon the minority schools will not be known for several years. While we have representation, we stand before the world as a school of medicine, standing for the most definite point where medicine touches the patient—a law for the administration of drugs in disease. It is seven years since we had our jubilee. In this three-fourths of a decade, what have we accomplished in forwarding this law? What have the last thirty years to show in the way of concrete additions to our proven drugs? Only one attempt has been made to demonstrate by a scientific reproving the effects of drugs upon the healthy human organism. Under the auspices of the American Homœopathic Ophthalmological, Otological and Laryngological Society, Dr. Howard P. Bellows, of Boston, made a reproving of Belladonna under the most exact scientific requirements he could devise. He confirmed many of our well-known symptoms and developed new ones, all his symptoms being eliminated from the effects of the drug in poisonous dosage. Upon such a basis as this do we want to proceed to demonstrate to general medicine the law of similars.

Two years ago my predecessor, Dr. DeWitt G. Wilcox, offered a definite suggestion for such a demonstration by proposing a commission of ten representative Homœopaths and ten allopaths to be chosen by their respective national organizations, to make such a reproving and test of some of our more common drugs. This commission should get the support of some laboratory doing research work in its study, which will require much time and money.

The committee on the president's address were silent upon the matter, and no action has ever been taken by this society to forward this plan. It should be presented to the American Institute by a committee, who should see that it received careful consideration and treatment. If the law was demonstrated, as we believe it would be beyond a reasonable doubt, its recognition would necessarily be made by the organization of the dominant school. The administration of drugs affects, practically, all physicians, whatever their school, and no other subject offers a fraction of the boon to suffering humanity that the critical study of this law does.

When the 6,000 members of the Medical Society of the State of New York are willing to accept the results of such a test and receive our reports, as they do all other scientific papers, we can see the millennium of medical unity at hand. Until then we must hold rigidly to the old law of similars, support it loyally, and, above all, pass it on to our successors benefitted by our work. Our pioneers braved persecution, obliquity and ostracism because their duty to their patients and the public demanded that they enlist under the banner of Homœopathy. We cannot do less than demonstrate anew in the language of science that there is a science of therapeutics and stand by Similia Similibus Curentur. No abnegation, no gracious toleration should be the cost of accepting medical unity, but broad, honest and scientific investigation and acknowledgment must be the only basis.

We are all at one time or another dreamers and our young visions seem strangely unlike the stern realities of middle life, but it is only by making these visions into ideals that the man who does something in the world separates himself from the one who does what is at hand from day to day without bending his life to a definite ideal. Columbus, Spencer, Lincoln, Carnegie, and men in all walks of life have had their visions gradually become their dominating ing ideal. Organizations must have an ideal as much as the individual. That governing ours must be a vision to protect and foster our law of cure until it is acknowledged as a scientific means for administering drugs in disease.

Report of Committee on President's Address.

The committee desires to highly commend this most excellent address and to express its very cordial endorsement of President Schenck's views. We are especially in accord with the opinion that the Board of Regents have gone beyond their function in attempting to formulate the qualifications and requirements for the practice of medicine. We believe that the medical profession are better fitted and qualified to pass upon the requirements for the practice of medicine, and should have delegated to them the power to say what these examinations, both preliminary and final, should cover. We would, therefore, recommend the appointment of a committee of three to confer with similar committees from other State medical societies to seek to restore to the medical profession their former rights and privileges now usurped by the Board of Regents.

We recommend the appointment of a permanent committee of this society for the prevention of ophthalmia neonatorum, to co-operate with other committees of similar organizations.

We recommend the following resolutions:

Resolved, That the Legislature be urged to appropriate an adequate amount to defray expenses of a widespread and active campaign for dispensing knowledge upon the cause and prevention of tuberculosis.

Resolved, That we urge the State Legislature to take action toward the adoption of a law similar to the present National Pure Food and Pure Drug Act.

Resolved, That this society endorses the House of Representatives bill, No. 6089, providing that the United States Pharmacopœia, adopted by the American Institute of Homœopathy, be added to the present law governing the preparation and dispensing of drugs, as covered in the National Dispensatory and National Formulary.

We endorse the recommendation that physicians throughout the State do everything in their power to forward public sentiment in the interest of the physical welfare of our school children.

We recommend the rescinding of the present rule relating to the reading of papers by title.

We recommend the following resolution:

Resolved, That a standing committee on resolutions, to consist of five members, be appointed by the president.

We also recommend the following for the appointment of our delegates to the Interstate Committee of the American Institute:

Resolved, That the president appoint the members of this society to the Interstate Committee of the American Institute of Homœopathy in accordance with the provision of that body.

We recommend that the president appoint a committee of three members to present the matter of a commission to test and demonstrate the law of similars to the American Institute.

A. B. Norton,
Chairman.
DeWitt G. Wilcox.
Horace G. Keith.

Therapeutics

A Step Toward Homœopathy.

On the tenth of last June, before an audience of 300 persons, composed largely of physicians, Dr. Huchard, of Paris, made his declaration of principles in his clinic in the Lænnec amphitheatre, as follows:

Therapeutics of the Past and the Future.

In our first lessons we studied especially pathology and clinical medicine. In our two last lessons, it has been especially a question of therapeutics, which is the art of medicine, that is to say, the action, as Aristotle said.

In this final conference I ask your indulgent attention, which I greatly need, since upon the subject of cardiac diseases, I wish to bring before you a delicate and difficult question, the Therapeutics of Yesterday and To-morrow.

You know that of yesterday and to-day, with its uncertainties, with the richness of its medicines opposed to the poverty of its medication, with its incessant fluctuations, because it follows no precise law, and it is neither commanded nor directed by any doctrine. Unnecessary to say more.

I have mentioned to you the very weak doses of Digitaline (two to four drops of the thousandth solution), by the aid of which you obtain, upon myocarditis, a tonic action of the most remarkable kind. Well, a homœopathic physician, Dr. Sieffert, author of an excellent treatise on positive therapeutics, wrote to me on this subject, "that dose corresponds to the third decimal solution of our pharmacopœia, and we employ, voluntarily, doses stronger than yours." Now, here I am, enrolled in the camp of the disciples of Hahnemann! Upon this subject I am going to tell you exactly my thoughts.

Medicine should remain a school of tolerance and especially of modesty, for reasons, alas! known to us. It should not take on a superb attitude of pride in the face of adverse theories, because no one, because no one school should believe itself the sole depository of truth. Come whence it may, this truth must be accepted. "Truth requires much time to overcome the mind, it is never victorious until it shows itself," said the aged Fontanelle; even the circulation of the blood itself had, for a long time, its detractors, among whom was Riolan, who exclaimed, "I had rather err with Galen than to believe with Harvey, in the circulation!"

I

In order to "juggle" diseases, according to a slang expression, we do not take sufficiently into account the colaboring of the organism, which makes and unmakes the different affections; we seek too much to suppress a symptom, when we should, above all, cause the disease to disappear, and ordinarily, we employ medicines in a too strong dose without knowing their action on the healthy human body. It has been, however, demonstrated, in the iron preparations, for example, and in many other remedies, that beyond a certain quantity, the remedy passes through the digestive canal in the condition of a foreign and inert body, capable of obscuring or of retarding the work of cure. We know, and I said so a long time ago in the therapeutic society, that hydrochloric acid prescribed in hyperchlorydia, only acted in small doses by its simple presence, and if one should order it to supply an insufficient gastric juice, it would take quantities that the stomach could never tolérate.

On this subject, in the meeting of the Academy of Medicine, April 26, 1859, Trousseau used the following language that we reproduce. Here are some passages that I give you to meditate on and of which it is said with just reason by one of his contestants, that it was almost a homœopathic doctrine:

"The question of the direct action of remedies and of their dose," said Trousseau, "are two questions that touch and confound themselves with one another. For my part, I am not convinced that it is the remedy itself that is by a direct influence, the

therapeutic agent; and, consequently, I do not believe that the quantity of the substance administered is of the highest importance." And to show that medicines have a purely dynamic action, he cites the iron preparation, which, in the treatment of chlorosis, do not act by introducing into the blood the coloring matter of the corpuscles, but, rather, in modifying the assimilative functions. He showed also that Mercury certainly does not act in syphilis by direct contact with each particular living particle.

Such was the opinion of Peter, who said that the action of certain remedies was rather qualitative than quantitative. M. Albert Robin expresses better still, the same idea, "The remedy acts dynamically and not by its mass."

Very well, in all justice, I ask you if all this is not a paraphrase of the following precept: "The necessity of taking a very feeble dose is in order that the dynamic power of the remedy arrives at the end, not by the quantity, but by the quality."

Again, the recent works of G. LeBon upon "the dissociation of matter and the evolution of force" shows us that the atom is an immense reservoir of energy, which manifests itself exteriorly under the form of electricity or other modalities of force, and it is known that doses prodigiously weak, of 1-300 of a milligram of the colloidal metals, are capable of causing physiological effects, characterized by an increase in the metamorphosis, and augmentation of the urea and uric acid. All these bodies do not act by impression, as Cullen asserted formerly, better called the catalytic action or presence and well known for a long time. Thus oxygen and sulphurous acid, without the action, one on the other, unite to form Sulphuric acid in the presence of a salt of platinum, without the latter coming chemically into the reaction. You take a body, pure non-phosphorescent (sulphate of calcium, strontium, zinc, barium), if it is pure it will never be phosphorescent. If you add a millionth part of certain substances (bismuth manganate) it acquires that marvellous and inexplicable property of preserving light, that is to say, of becoming phosphorescent. From certain diseases you take imponderable quantities of the manganese that they contain and they lose their properties of catalytic action, in biological chemistry we recognize to-day that all these bodies (entzymes, oxydases, diastases) only act by their presence.

It is this that is ignored; the importance of catalytic action in the chemistry of life. Remedies act not only by the chemical manner, but also, and above all, produce effects by their simple presence. In order that this happens, large doses are useless and even injurious; the doses must be small, infinitesimal, so reduced that they correspond to the commencement of atomic dissociation.

However, the chemical action not being always invoked, it is the physical activity that predominates in acting as a stimulation direct upon the organism, and the metallic ferments seem to reinforce the chances of the struggle against infection if they do not act upon the infectious germ itself. But the specific remedies like mercury and quinine should always be administered in large doses.

Mineral waters are not alone supplied with radio-active properties; they contain also remedial agents, as, for example, Vichy water and many others; they also contain different ferments. That is why they act otherwise and with a power that is greater than if one prescribed these remedies and the bicarbonate of soda in large doses.

The ions are the parts of molecules that physical or biological forces, like electricity, have liberated from their combinations. These liberated have exalted affinities that the ancients had seen when they spoke of bodies in the nascent state. Thus when one places a phosphorus match in contact with a Crooks tube, the ions of phosphorus containing themselves, a strong radio-active energy, becomes dissociated, it is possible to project this on a screen which will show clearly this phenomenen. The question of ionization of mineral waters is very important. "Has not one observed," said Albert Robin, "that the osmotic pressure of mineral waters is superior to that of a simple solution of the same salts in the same proportions?" Arrhenius left his researches upon electric conductivity to admit that in waters there existed a certain number of dissociated elements, to which the name of free ions was given, whose activity furnishes us a new explanation of the therapeutic action so manifest, and to the present incomprehensible, of certain waters only slightly mineral, since the facility with which these waters give up their energy is more important than the quantity of their latent energy.

On the other point, in demonstrating to you the importance of functional troubles in diseases of the heart, I showed you that it was to them that therapeutics should be specially directed. Such is, without doubt, the opinion of my colleague, Albert Robin, whom I like to cite because we share the same opinions on many things, save blistering, which, it has been remarked, we are only separated by the thickness of a plaster; he opposes judiciously to the gross anatomic organism, the functional organism, adding that "therapeutics should attempt to influence the functions if they wish to modify the organs." And it is in this spirit that he employs infinitesimal doses of 3-100 of a milligram of metallic ferments.

These examples become irrefutable arguments in favor of a new therapeutic evolution. Galen and Hippocrates have disputed for too long a time. We must strive to conciliate them. But we will not arrive at it if we continue to study the physiological action of remedies upon animals in using strong and even toxic doses. We do not care so much to know what remedies cause to die, as what is made to live by them, in recollecting ever that the organism defends itself always against disease. Or, if it is important to know with Galen how it is attacked by it, I believe it is still more important to learn with Hippocrates how it is to be defended.

II.

It is necessary to know and admit that every medicine possesses two actions,-primary action and

secondary action, and that the latter is opposed to the former. Thus morphine causes, first, a slight elevation of the temperature, with increase of the pulse, diuresis and muscular force, then a diminution of the temperature, diuresis and muscular force. Likewise, Digitalis causes, at first, oliguria, a slight tachycardia, with a lessening of the arterial tension, soon followed by the contrary phenomena; and thus it is that very large doses suppress the primary action and produce from the first the secondary action, following the example of Strychnine in large doses, which produce a paralysis without the preliminary tetanic effects. These facts confirm a therapeutic law that is well known, "Small doses increase vital activity, moderate doses reinforce it, strong doses often depress it, and excessive doses always suppress it."

We must know also and admit that all remedies produce in large doses an effect inverse to that realized by weak doses. Thus Digitalis tones or weakens the heart, according to the doses; coffee ordinarily becomes narcotic in low doses; opium, narcotic in usual doses becomes an excitant in small doses; alcohol excites in feeble doses and paralyzes in large doses, like wine, which sustains or annihilates the strength. Bismuth constipates in habitual doses, and according to Hayem, combats constipation in doses of 15 to 30 grams. Nothing is more true than this antagonism of action between small and large doses. Thus Magendie and Pelletier formerly produced in animals the foci of pulmonary congestion and hepatization by weak injections of emmetine, while in a toxic dose Pelletier obtained a sort of pulmonary anæmia. Thus it is at times, and without invoking a particular susceptibility or idiosyncracy of the vaso-dilator nerves (which explains nothing), one has produced with Strychnine and with 4 grams of ergotin a certain febrile state with redness of the face, and, again, congestions with small quantities of acetanilid.

All this is absolutely exact. But that which is not, is the exaggeration of doses absolutely imponderable, that toward the close of his life, Hahnemann, in an access of illumination and mysticism, had recommended, a first dilution of 1-100, a second of 1-10000, a third of a millionth, and the thirtieth expressed by one followed by 60 zeros. Thus we hear of cures of a chronic affection by a single dose of the 12000 dilution. But a learned physician, P. Jousset, whose youthful ardor of 88 years cannot be too much admired, reproduces these exaggerations in an article whose title indicates sufficiently the spirit and the tendency: "Where we do not wish to go." He does not abandon the small doses nor the infinitesimals, and upon some remarkable pages upon the "Constitution of Therapeutics" he shows judiciously a drop of Koch's tuberculine injected into the cellular tissue of a phthisical patient, mixed with blood in all the circulation, having passed through the liver and arrived at the tuberculous lesion in the lung in the state of an infinitesimal quantity, capable of lighting up an intense fever and killing the patient. And he adds, who will tell the weight of the diphtheritic toxin, after having been elaborated in the organism of a horse, that is contained in the serum of Roux?

III.

We arrive now at the Hippocratic doctrine of the law of similtude, old as medicine, that Pasteur has victoriously applied and sanctioned by his immortal discoveries. Hippocrates said: "Disease is cured by the similars that produced it. (Similia similibus curantur.) He also said, vomitus vomitu curatur, and he cured the cholera by white hellebore, which produced choleraic diseases, having united the example to the precept.

Centuries rolled away to Paracelsus, who modified slightly the formula (simile sui simile curat), and to Stahl, who died twenty years before the birth of Hahnemann, and who, after having proposed to treat acidity of the stomach with sulphuric acid, wrote these lines: The rule admitted in medicine to treat diseases by remedies contrary and opposed to the effects they produce is completely false and stupid. I am persuaded that diseases cede to agents which cause a similar affection. It is certainly false in many cases, because, as P. Jousset says, what is the contrary of pneumonia, typhoid fever or diphtheria? And since I speak of diphtheria, is not the anti-diphtheritic serum a medication similar to the disease? To cure an infectious disease, Pasteur uses the microbe which gave birth to it, he employs the microbe in an attenuated dose, and he thus arrived at the experimental demonstration of the vaccine of Jenner, at the immunization and the curing of diseases by attenuated cultures of the microbes, that which led to another method of attenuation greater still, the discovery of serum therapy by the serum of immunized animals.

Is it possible, then, to deny that the therapeutic discoveries upon chicken cholera, tetanus, rage, plague, typhoid fever, the bites of venomous serpents, have resulted from the law of similars? Do you not see that we are and have been unwitting Hippocratists, when Sennert formerly cured "la suette" by sudorifiques, when Piorry recommended Capsicum for hæmorrhoids, when Trousseau established substitutive inflammation, when Lancereaux, after Rayer, used Cantharides in certain dropsies, as did also Hippocrates, and the former used the same remedy in parenchymatous nephritis, when Charcot ordered the sulphate of quinine and the salicylate of soda in Meniere's disease, when one can suppress a rebellious roaring in the ears with a centigram of sulphate of quinine, once or twice a day for several weeks, when we see pilocarpine triumph over salivation that is rebellious, antipyrine in urticaria, trinitrine in certain cephalalgias, calomel in dysentery, when we still see organotherapy furnish such frequent cures, when the thyroid body given in small doses in certain cases of exopthalmic goiter and cause all the symptoms to disappear? And what does this phrase mean that I have just read in a remarkable study of Leopold Levi and Rothchild, upon the hyperthyroidian neurosis: "Thyroidine, according to the dose, is

capable of producing that which it causes to disappear?"

Without doubt, all these are difficult facts to understand, and Hahnemann was strangely mistaken in pretending that the remedy produced a drug disease that was stronger than the natural disease. On the other hand, Hunter, in saying that two analogous states could not exist at the same time in the organism, and Trousseau, in imagining the substitutive action of a remedy have given no explanation of the fact. But, as Arago said, where would we be if we denied all that we could not explain?

The facts are there, they have their eloquence, greater than all the reasoning in the world.

IV.

We must know how to be eclectic and if the therapeutics of internal diseases obeys oftener the law of similitude, it ought also, in certain cases, observe the law of contraries, thus formulated by Galen: "Cure is but the changing of an abnormal state of the body to a normal state, and, as a result, health cannot be re-established except by that which is contrary to the disease;" such is the therapeutics of the cause and of the symptoms. Thus one employs Morphine and opiates in pain in neuralgias, in nephritic or hepatic colics; purgatives in constipation, hypnotics in insomnia, electricity in paralysis, hydropathy and gymnastics in various affections, cold in hyperthermia, the X-rays for tissue nutrition, surgical asepsis, the opening of an abscess, the ligature of an artery, all are inspired by the same maxima. But it only concerns frequently, adds P. Jousset, medical palliation, and when one suppresses the pains of a peritonitis and hepatic colics, and when one succeeds in lowering the temperature in a febrile disease, does not one employ symptomatic treatment, does not one suppress, at the same time, according to the striking expression of Peter, the vigilant sentinel who heralds the danger? Does not one know the deception of antiseptic medicine in infectious diseases, and the constant insuccess of that therapy which seeks ever the cure of the disease in the destruction of the pathogenic microbe? It is the organism that makes and unmakes disease, it is the soil which should first receive our attention. Jousset says: "Palliative medicine annihilates curative medicine, it is only legitimate in incurables or in the treatment of diseases of short duration, but which by the intensity is absolutely insupportable or threatens the existence."

V.

Such are the considerations of general therapeutics with which I desire to terminate these six lessons on diseases of the heart. I did not wish to make a profession of faith at first, reserving it for the end. I have given you to-day, after a long incubation, my thoughts, and in the midst of therapeutic incoherence, of therapeutic chaos, where we have fought for centuries, after having shown you the therapeutics of yesterday, I wished to designate that of to-morrow, I wished to protest by example against that discouraging word of Marchal: "There is no longer in medicine, principles, faith nor law;" the principles I have shown you in supporting my therapeutic faith upon solid laws. We should not be of those who say rather lose the patient than a principle! We should be of those who by example furnish a complete independence of thought and action without minding the noise about us, and without considering the human passions which too often obscure the vision, and interferes with our mission, that of curing. For during our scholastic disputes, the patient suffers, he has the weariness of death and the disagreeable idea of the following autopsy.

All these questions will appear to you as to me, troubling. If I have succeeded in reconciling forever, Hippocrates and Galen, in terminating that eternal quarrel of the Ghibelines and the Guelphs, to cause to disappear some of the barriers separating the Hippocratists from the Galenists; if I have succeeded in demonstrating that it is necessary to be both according to the indications, will I suffer from the demi-gods of the medical olympus a major excommunication because I should have recognized a parcel of truth in certain doctrines spotted with error, only by their exaggeration? What matters it to me! I will be, perhaps, conquered for a moment, but without being convinced, and my excuse ought to be the ardor and sincerity of my therapeutic faith.

After a long and severe criticism of more than thirty pages against the Hahnemannian theories in the introduction to his Treatise on Therapeutics and Materia Medica, Trousseau, thinking with reason that one does not condemn a system by silence, had the courage to recognize that "the doctrine of Homœopathy, considered in the general idea upon which it reposed, did not certainly merit the ridicule that the therapeutic application of the Homœopaths gave to it." Because, he adds, "from all evidence, local phlegmasias are often cured by the direct application of irritants, which cause an analogous inflammation, a therapeutic inflammation which substitutes itself for the primary irritation.

That which I wished to show you, in my turn, is the exactness of the two precepts upon which the medical doctrine should rest, the cure of numerous diseases by similars, according to Hippocrates, and the action of small doses of medicine, on the condition that these, outside of organotherapy should not be imponderable. That which I wish still to demonstrate is that most drugs taken from the vegetble kingdom, particularly Digitalis, that has for a marvellous virtue, slowness of elimination, ought often to be prescribed in small doses; while drugs taken from the mineral kingdom (bromides, iodides, etc.) are rapidly eliminated and ought to be given ordinarily in massive and repeated doses for the reasons that I have already explained, especially when the aim is to saturate the organism.

But with Trousseau, I repudiate energetically, the "delirious sidelights and the eccentricities of imagination" of the thaumaturists who tell of a possible cure with insensible doses of the 100th, the

20,000, and even the 500,000 dilution, with remedies prescribed in doses absolutely imponderable and of an infinitesimality without limits, as a medical action extraordinarily multiplied by numerous succussions of a vial; against the absolute assimilation of a drug disease with a natural disease, for example, mercurial ulcerations to syphilitic ulcerations, cutaneous efflorescences produced by Belladonna to the angina and to the eruption of scarlet fever; against the exaggerated doctrines that take their point of support outside of the organism and that asserts always that "the virtue of the drug consists in the totality of the symptoms of the artificial disease that it produces;" finally, against the interpretation given to the minutiæ of an extensive and inexact observation of the slightest accident seen following the administration of drugs to the healthy human body. You see, that I am quite a Hippocratist, I am far from the practice and the doctrines of Hahnemann, only retaining the two precepts, the truth of which I have demonstrated to you.

I have read somewhere that literature possesses two schools, the myopic and the presbyopic. Is it not the same in science, has not she her myopics with a microscope to the eye in which all is enlarged, where everything is seen in the small, studying each object, each shape and contour in the midst of a cloud, where nothing is distinguished, while the presbyopics who take in the entire surroundings, clear the clouds where the details remain in the shadow, with a general and synthetic vision of things? In literature, as in the sciences, these two schools make war on each other. "Your characters have no muscles," said Theophile Gautier to Merimee, to whom he reproached certain presbyteric literature. "And yours have no draperies," responded Merimee. Well, in medicine we must know how to be at the same time presbyopic and myopic; we should understand and study at the same time the altogether and the details in order to see both the draperies and the muscles. That is why it is better to be an eclectic, Galenist and Hippocratist, according to the indications.

In these lessons, which, perhaps, are the last of my teaching, at least, unless a renewal of enthusiasm and force comes to spur me on, I desired to have you know my therapeutic faith, to demonstrate to you the curability of many diseases of the heart and to protest against the words of Corvisart, and especially of Broussias, pretending that they are "diseases of simple curiosity furnishing nothing to therapeutics;" to instruct you upon a new conception of cardiopathies, and having seen, like the traveler, throwing his eye backward over the road he has traveled, I wished also to show to our successor the seed sown in the scientific field.

This word, seed, recalls to me a veritable vision that I once had and which has never escaped my memory. I will relate to you that which I really saw in order that you may not suppose it to be an artifice of language:

One gray evening in autumn, I saw, after a rude day of labor, an old sower, curved by age and fatigue, coming back to his dwelling, regarding with a dreamy air the lands that his vigorous arm had just seeded. Suddenly his face illuminated with a ray of joy and hope, and he said to me: "Upon this ground I will not, perhaps, see the grain grow, but what matters! My heirs, my children, or my successors will reap an abundant harvest." Then I had before me the image dreamed by the poet, or the statue, perhaps, conceived by the artist, of man, the eternal sower. And to-day, in terminating, I seem to see and contemplate the statue, it becomes animated, it speaks, and says to you: You, the young, full of futurity and hope, dig, dig again, and continue ever to dig the ground, and cause the seed to grow.

Dr. Huchard.

The following are the Comments on this remarkable lecture by Dr. August Schepens, of the Journal Belge d'Homœopathie:

Not a protestation was raised during this declaration of principles and enthusiastic applause interrupted and saluted the eloquent oration.

The recent discoveries upon radium, the X-ray and the colloidal metals have done much to bring Homœopathy to the notice of the learned. In truth it is not our law of similars that has caused the sneers of the allopaths, but our posology.

I know from experience that it is the infinitesimal dosage that constitutes the great obstacle to the conversion of allopaths.

The day I saw Dr. Bourgois, of Tourcoing, obtain fine results in tuberculosis by doses of a thousandth and even a millionth of a milligram of fluoride of sodium, a bandage fell from my eyes; it was not possible that the fluoride of sodium was alone in the case, it is probable that this millionth of a milligram was not an extreme dose, and beyond this remedy would be without effect. These observations carried my attention toward Homœopathy; a beautiful cure by my venerable confrere, Dr. Vanden Neucker, finished the stroke to my allopathic convictions already tottering.

Analogous reflections should be made by a large number of the medical corps in learning the profound action of radium upon living organisms in doses absolutely imponderable and infinitesimal.

The dissociation of light rays by Finsen with the aim of developing their curative action, in isolating the red rays for the treatment of variola and erysipelas, and the violet and ultra-violet for the treatment of lupus, have contributed not a little credit to the proceedings of our school, which dilutes its medicines to the point of fracturing the molecules and even changing them into ions.

And is it not also the infinitesimal quantities of medical substance that pass through a diseased organ by the process of ionization? that is to say, in moistening the two electrodes of the constant current by a solution of the drug and applying these electrodes to two opposed points of the suffering part. Never can a balance indicate the quantity of matter thus withdrawn from the solution; and, however, it appears that these infinitesimal quantities act.

All these facts are very suggestive. Apparently they should open the eyes of all, at least, of all those who wish to see.

Unfortunately, the kickers are not wanting; in our own days there are the Riolans who prefer to err with Galen than to be a "circulator" with Harvey.

These voluntary blind ones are often the intolerant ones. I know and many know it as well as I do that Professor Denys, of Louvain, is treated as a charlatan by his colleagues because he teaches that the cure of tubercular affections may be made by a filtrated boullion of Koch's bacillus, in commencing the treatment by infinitesimal doses, the 7th, 8th, and even the 9th decimal!

The Therapeutics of the Past and the Future contains great truths upon similia similibus, the dynamic action of medicines, their primary and secondary action and the preponderating importance of the soil upon external morbific agents. It is with profound satisfaction that I read the following lines: Does not one know the deceptions of medical antisepsis in infectious diseases, and the constant lack of success of that therapy that seeks ever the cure of diseases in the destruction of the pathogenic microbe. It is the organism that makes and unmakes disease; it is the soil that fertilizes the grain; it is then to the soil that we must first address ourselves.

I will take the liberty to present certain remarks. First there are some omissions to note.

Thus the law of similitude was certainly formulated before Hahnemann, by Hippocrates, Paracelsus and Stahl (and acknowledged by Hahnemann, note of translator), but Hahnemann alone knew how to accord to it all its value and the importance it merited in making it the basis of a new therapy.

It is true that M. Albert Robin should have the honor of saying that the remedy acts dynamically and not by its mass, but we must not forget that Hahnemann said the same thing a century earlier, and that he, besides, prepared a whole pharmacopœia conforming to this precept.

This is what Dr. P. Jousset writes apropos of the laws of pharmacodynamics cited by Dr. Huchard: "All medicines are subject to these two laws." Dr. Huchard was right in calling attention to it, but we regret that he did not allow Hahnemann the honor, who, already, in 1796, sketched the first lines and continued them in the Fragmenta and in the Organon. We regret it because these two laws, born of experimentation of drugs on the healthy organism, constitute the greatest star on the shield of Hahnemann.

There are also errors. I propose to point out some of them.

Dr. Huchard is mistaken when he advances that the 30th centesimal dilutions are inactive. All Homœopaths know by experience that that is false. The proof, moreover, has been furnished by the laboratory of the Hospital St. Jacques, by Dr. Jousset, for the nitrate of silver and corrosive sublimate. These experiments are to be found in the Bulletin of the Biological Society, 1903, page 942.

I do not think that Hahnemann ever used such excessive dilutions as the 12,000th and 500,000th, of which Dr. Huchard speaks. I have, personally, no experience with such dilutions; and frankly, the desire to use them has never come to me. I will, therefore, abstain to give an opinion thereon, for the good reason that it is difficult to judge of a thing of which nothing is known.

Dr. Huchard reproaches Homœopathy also of being too minute and of attaching too much importance, symptomatically, to slight deviations from the normal state.

Every Homœopath who has practiced a few years knows that this reproach should not have been made, for the good reason that many times the small symptoms is a precious indication for the remedy. The following examples will place this in evidence:

I receive from time to time the visit of a mother who comes for her daughter's case. The latter is haunted by a mania for suicide by hanging. Never has she attempted any other method of ending her existence. The impulse to this kind of suicide is found in the pathogenesis of Arsenicum, and a few doses of Arsenicum, 12th centesimal, delivers the patient for several months from this terrible obsession.

A lady said to me: If I were not religious I would end my life. I asked her by what means she would employ to do so. I would throw myself from a window, she replied. In the pathogenesis of Nux vomica it is related that a person under the influence of the drug jumped out of the window; as my patient presented some other symptoms of Nux, I administered the remedy with the most satisfying results.

Another lady attacked by Jacksonian epilepsy had been treated with the bromide of potash by an allopathic confrere. The seizures were very little influenced by this medication and, besides, there appeared many disquieting symptoms; this lady could not remain at home, she had an irresistible desire to go to the country. In crossing a railroad track she was suddenly seized with a suicidal mania, and she had to struggle terribly against the impulse to throw herself under the train. These symptoms disappeared upon the cessation of the bromide. Well, if some day that person was haunted by this same mania for some other cause, I would not think for an instant of giving her Arsenicum, Nux or Aurum, or any other remedy reputed to serve in a like case, but I would give her an infinitesimal and imponderable dose of Bromide of Potash with much hope of succeeding. A thousand times no, the minutiæ of Homœopathy are not superfluous; on the contrary, they are very desirable.

I understand that official medicine does not attach to it any importance. It needed a century, and many discoveries to acknowledge our fundamental law of similars and our employment of infinitesimal doses. It will probably take some decades for it to be convinced of the advantages of symptomatic study, such as Hahnemann practiced and taught.

Our founder was certainly not infallible; more than one error is found in his writings, but it is

none the less true that he should be considered an incomparable genius.

It seems to me that it would have been more just on the part of Dr. Huchard to reclaim a little less of Hippocrates and more of Hahnemann.

Dr. P. Jousset very well says that Hippocrates was a naturalist, that is to say, that he strove to amplify diseased symptoms in giving an emetic in vomiting, a purgative in diarrhœas, a sudorific in perspirations, etc. He hoped that thus the organism would rid itself more completely of injurious substances that made it sick. He did not avoid the drug aggravation; on the contrary, he sought it.

Similia similibus applied in this manner would often lead to disaster.

We had, some fifteen years ago, a memorable and lugubrious example in the first application of Koch's tuberculine, it caused constantly dangerous aggravations. No war that I know of was as frightful for the belligerants as the experimentation of this medical novelty for the patients.

Fortunately, the remedy is often borne through the excess of the disease. The rare cures obtained proved the utility of the remedy, the unfavorable aggravations were due to a fault in their application of the remedy, probably to the employment of excessive doses.

Professor Denys, of Louvain, I believe, is the one of all the allopaths who saw clearest into this question. He arrived at the principle of avoiding all drug aggravation.

This method is contrary to Hippocrates and conformable to Hahnemann. Thus, what a difference in the results obtained between the first applications of Koch's tuberculine and those actually realized by the method of Denys! One might say there is no comparison, it is day and night.

It is the same for us, but in an inverse sense, if in place of following the counsels of Hahnemann in the application of similia similibus, we conform to the precepts of Hippocrates.

I recognize gladly the merit Dr. Huchard had is making his public declaration of principles. It bridges partly the abyss which separates the two fractions of the medical profession. Dr. Huchard is a savant, combined with a man of heart. [Translated by W. A. D.]

Scientific Pharmacology.

As an example of the scientific therapeutics of the allopathic school, take the following report of a case from a work on pharmacology of the Newer Materia Medica. It is under the heading of *Grindelia Squarrosa*, and intended as an example of the value of that remedy:

"Called to see Mr. D.'s child, æt. thirteen months: Head hot, face flushed, and eyes injected; rolling head, and very restless; bowels thoroughly relaxed, etc."

Prescription:

℞. Tr. Grindelia Squarrosa, ℥i.
Tr. Aconite, ... gtts. xx.
Aquæ Destil., ... ℥iv.
M. S. Teaspoonful every hour.

The homœopath would have prescribed Aconite.

The child, however, recovered in twenty-four hours, and the case is cited as a wonderful action of Grindelia Squarrosa. Is not this scientific medicine?

Materia Medica.

Materia Medica Studies

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

THE ACIDS.

MINERAL

Arsenion Acid (Metal)		Eschorotics Hemorrhages Scerbatic Statis Diseases accompanied by great debility generally associated with white tongue, irregular pulse. Acid conditions are conditions of debility. Ulcerations Exhausting Discharges Great Irritability
Fluoric "		
Silicic "	(Tissue Salt)	
Nitric "		
Sulphuric "		
Phosphoric "		
Carbolic "		
Picric "		
Muriatic "		

VEGETABLE

Hydrocyanic Acid (Peach Kernel)		Debility Acid Dyspepsia Diarrhœa Oedemas False Membranes
Oxalic "	(Rhubarb)	
Malic "	Apples, Pears, Berries	
Citric "	Oranges, Lemons Grape Fruit Lime, (Citrus Fruit)	
Lactic "	(Milk)	
Acetic "	(Vinegar)	

The acids form no mean part of our Materia Medica.

Their range of action is large, covering generally, diseases associated with debilitating discharges, scorbutic symptoms, even septic states.

They are useful in low forms of fever, especially those associated with exhausting discharges.

Their exhibition is generally called for, especially when there are corrosive, destructive and ulcerative inflammations of mucous membranes with tendency to disorganization.

The action of the vegetable acids is milder than that of the mineral acids, they being indicated in conditions of debility, and those showing a tendency to the formation of false membranes, associating them with the Mercuries, the Halogens, and the Potash Salts.

Also, many of the milder vegetable acids are useful when taken as food, as excitants of secretion and assistants to elimination being here indispensable.

The mineral acids occupy a more pretentious position in the treatment in the graver diseases, those which threaten life is by encompassing debility with sepsis, especially auto-sepsis, by exhausting discharges, as diarrhœas, hæmorrhages, dietetics and chronic suppuration, or by the poisoning of nerve centres.

The acids also enter into combination with the salts and metals to produce many of our most valuable drugs, as the Sulphates, the Phosphates, the Muriates, the Nitrates of Lime, Soda, Potash, Magnesia, Ammonia, Ferrum, Aurum, Argentum, et cetera.

Forming thus, generally, more valuable remedial agents and those of more extensive pathogenesis than do the basic salts and metals themselves, bearing clinically and pathogentically, as they do, traces of the acids throughout.

NITRIC ACID.

This drug is not used often enough by most homœopathic doctors. Its pivotal symptoms may be best obtained by considering its action as an escharotic. It produces a sudden and deep destruction of tissue, followed by sloughing. This offensive slough leaves an open vascular surface behind it. So we can in this way account for the deep, penetrating ulcers with offensive discharges, which bleed easily, bright red blood; ulcers which point towards it when they are idiopathic, or when they are symptomatic.

Its systemic condition is one of acid debility, associated with a depraved state of tissue, blood and secretion. Such dyscrasia as might obtain after the body had been subjected to some violent poison, as syphilis, sycosis, gonorrhœa, or Mercurius. While not alone affected, the presciber must look largely to the mucous membranes for his characteristic indications.

Ulcers.

They are deep and spread both in depth and circumference (depth—Kali bichromicum; circumference—Mercurius). They appear characteristically at the muco-cutaneous junctions, the mouth, rectum, vagina. There is in these ulcers, a sensation as though splinters were sticking into them. (Tonsils, Hepar; rectum, Æsculus.) They are spongy and vascular, and bleed easily, a bright, red blood.

Syphilis and Mercury.

The drug stands in an antidotal relation towards both of these poisons, and divides honor in such work with Kali hydriodicum, being preferred when the results of the twin poisons are shown upon the mucous membranes and the system generally, suiting the Mercurio-syphilitic dyscrasia. There are phagedenic chancres, soreness of the bones, worse in damp weather, copper colored spots over the body, pharyngeal ulcers, secondary syphilis.

Analogues.

See Mercurius.

Typhoid Fever.

Stools green, offensive, slimy, bright red hæmorrhages, fainting from the least movement, rattling breathing, showing threatened paralysis of the lungs, and intermittent pulse. The bright red hæmorrhages in this disease, probably, emanating from deep ulcerations of Peyer's patches.

Phthisis.

Difficult, green, purulent expectoration, night sweats, soreness of chest, hectic, bright red hæmorrhages, dyspnœa, morning hoarseness, dry, tickling cough.

Asthma.

I have found it useful in spasmodic asthma, with the characteristic dry, tickling cough of Nitric acid, and scanty secretion, associated with anxiety and very labored respiration. It has seemed to me useful in such cases after Arsenicum (Arsenious acid) has failed.

Analogues.

See Arsenicum.

Gonorrhœa.

The urine smells like "horse urine," burning and tenesmus when urinating, a sensation as though splinters were in the urine. This "horse urine" smell may point towards the drug in other diseases.

Glands.

Inflammation, induration and suppuration, after syphilis, Mercury or both, especially the inguinal or axillary glands.

Analogues.

See Mercurius.

Bones.

After the twin poisons, carious ulcers with irregular edges, exuberant granulations; spongy, bleed easily, carious teeth, gums show hæmorrhagic tendency, teeth fall out.

Analogues.

Aurum, Asafœtida, Fluoric acid, Calcarea fluorica, Psorinum.

Suppurations. Remedies: See Hepar.

Sycosis.

Warts which have sticking pains and tend to ulcerate, after gonorrhœa, syphilis or Mercury. Compare Thuja.

CHARACTERISTIC RESUME.

1. The dyscrasias of syphilis, sycosis, gonorrhœa or Mercurius.
2. Spongy, deep ulcers, often at muco-cutaneous junction, that bleed easily and have offensive excretions.
3. Pain as of splinters in affected parts.
4. Urine smells like "horse urine"—Benzoic acid.
5. All excretions and secretions excoriate (compare Sulphur, Kreosote, Mercurius corrosivus, Psorinum, Silicea, Arsenicum iodatum).
6. Diseases of bone, gland and mucous membrane, after Mercurius and syphilis. Worse in damp weather.

PHOSPHORIC ACID.

This, like all of the mineral acids, gives us debility, as a foundation symptom, and debility in a greater or less degree is present whenever it is indicated. This debility is either the result of loss

of fluids or of depressing emotions. This debility is associated with a certain nervous apathy, sensorial depression. If the result of hæmorrhage, night sweats, lactation, sexual waste or diarrhœa, it follows Cinchona well, being suited to the chronic effects, while China is suited to the immediate effects.

Emotionally, it stands in the same relation to Ignatia, which is suited to the acute effects of grief, while Phosphoric acid is suited to their chronic effect. This symptom makes it useful in homesickness, where it should be associated with Capsicum. The mental condition is one of apathy, and sensorial depression. This mental state may indicate it in acute diseases, forming its prime and determining indication in typhoid fever. In this disease it follows Rhus toxicodendron, Gelsemium, Bryonia, or Baptisia, when there is progressive debility, diarrhœa and stupor or muttering delirium; but—and this is its main indication—here the patient can be aroused and will answer questions rationally, only to relapse again into the stupor. Here it must be distinguished from Opium and Arnica. Under Arnica the stupor is more profound, the stool and urine may become involuntary, there are petechial spots, especially upon the parts subjected to pressure. Under Opium the stupor is so profound that the patient cannot be aroused to consciousness, and there is stertorous breathing, and the face is red and puffy, while under Phosphoric acid it is pale and there is profuse perspiration.

Analogues in Typhoid Fever.

See Bryonia.

Diarrhœa.

The diarrhœa of Phosphoric acid is profuse, watey, and painless, and, although it may have lasted some time and the stools frequent and profuse, the debility is not commensurate. This symptom will help to distinguish it from Cinchona, whose debility is rapid and marked and the stool lienteric.

Phodophyllum diarrhœa is worse mornings and accompanied by much flatus, is more acute and the stool, after settling, separates, the solid part appearing like bran at the bottom of the vessel. Other analogues, the so-called diarrhœaic remedies, Sulphur, Bryonia, Aloe.

Sexual Weakness.

Phosphoric acid stands at the head of the list for the systemic effects of sexual waste, be this waste from excessive venery or masturbation. The patient is weak and shaky, erections are feeble or absent, spermatozoæ are scanty or absent, the patient is dizzy, and upon lying down, there is a feeling as though the feet were higher than the head. This is associated with a sensation as if there were a heavy crunching weight upon the vertex. These are the chronic effects of sexual waste, the acute effects are best treated with China.

Chest Symptoms.

These are a mixture of Stannum and Phosphorus. The great weakness of the chest, as found under Stannum, and the tickling cough, as found under Phosphorus. The chest is weak to dyspnœa, and the symptoms are worse in the evening on lying down.

Polyuria or Glycouria.

Urine milky or jelly like, on standing. It is very profuse, loaded with phosphates or spermatozoæ, and there is associated great weakness, exhaustion from every movement, and cough from every exposure.

Phosphoric acid seems to be homœopathic to many cases of diabetes and has served me well clinically in such cases.

SULPHURIC ACID.

Gives us the debility, relaxation, and acid secretion of the mineral acids. Principal action is upon the alimentary tract.

Is chiefly useful in gravid nausea, with hot flushes, and drunkard's dyspepsia. The chief gastric characteristics are acidity and relaxation, The vomited matter is so sour as to set the teeth on edge, and the stomach feels as though it hung down, cold and relaxed, the patient craves some stimulating drink to restore its tonicity. The symptoms of the drug are associated throughout with muscular tremor.

CHIEF CHARACTERISTICS.

1. Acid debility.
2. Relaxation.
3. Muscular tremor.
4. Sour vomiting.

Feeling as though white of egg had dried on face. Associate Lactic acid in the sour vomiting of pregnancy, which has acid waterbrash and nausea, relieved by breakfast.

Acetic Acid.

Dropsies. See Apis.

Picric Acid.

Though presenting a limited range of action, this drug is most useful in its sphere.

It should be associated very closely wth Phosphoric acid in the debility following sexual waste and with the Strychnia Salts, Kali phosphoricum and Silicea in brain fag, following overmental activity.

Sexually, it differs from its sister acid in combining erethism with debility, there being a tendency to priapism and congestion of the medulla and cerebellum.

The brain fag is associated with great muscular weakness, exhaustion, both nervous and muscular, dull occipital headache, all of these symptoms being worse from any exertion, either mental or physical. The patient has reached that stage where exertion is not only intolerable, but well nigh impossible. Associating the dull occipital headache, the excessive lassitude and the extreme aggravation from exertion and we find in Picric acid one of our mainstays in the treatment of overworked business and professional men. It can best be compared with Nux vomica, Phosphoric acid and Silicea.

The difference can best be studied in connection with these remedies.

Hydrocyanic Acid.

Convulsions. See Strychnia Salts.

Benzoic Acid.

Very offensive urine, it is ammoniacal, as under Nitric acid. This may be associated with rheumatism of small joints and nodosities.

Carbolic Acid.

Flatulent dyspepsia of the aged, associate with Antimonium crudum.

Silicic Acid.

See Tissue Remedies.

Fluoric Acid.

See Tissue Remedies, or Calcarea fluorica.

Arsenious Acid.

See Metals.

Practice of Medicine.

OPSONIC TECHNIQUE.

BY SCOTT C. RUNNELS, M. D.

From the laboratories of the Homœopathic Hospital of the University of Michigan.

The innovation introduced by Wright about five years ago, has in this short interval become an established fact, to be reckoned with in the treatment of all chronic bacterial diseases. The researches of Metchnikoff, Ehrlich, Pasteur and Koch have developed a more everyday usefulness, so that the trained bacteriologist, instead of being a consultant, called into the case merely to verify clinical findings or to make suggestions on the probabilities of a diagnosis, has been afforded a position where he comes into direct contact with the patient. Instead of being the aloof scientist, dealing in the theories of etiology, he has become a practical force in the treatment of disease, applying the accumulated scientific knowledge to the pertinent problem of the cure of the patient.

It is not our intention here, to dilate on the theories of the opsonic action nor to define its sphere of application, this is being done every day more clearly by all who use the method clinically. It might be well, however, to call attention to the possible importance of its mode of action as hinted at by Wheeler in his report on the action of Phosphorus, administered in potency, upon the tuberculo-opsonic index of a healthy person[1], and by the similar effect that Echinacea has been found to have upon the staphylococcus aurens, in our laboratory[2]. This paper merely intends to suggest some simplifications in the technique of the opsonic method, and to discuss some problems in its application.

During the past six months there has been a natural reaction to the first enthusiastic acceptance of the new method. Led by Boggs, of Johns Hopkins, there has been a challenging of the accuracy of the opsonic index[3] that has, in a measure, put a damper on the whole method. It is true, as is held, that the index is not an absolutely accurate statement of the vital condition of the blood, but, nevertheless, the index is of great value, being by far preferable to no indication at all. As for its being a method of such inaccuracy as to be useless, our experience rather leads us to hold with Wright and Wheeler that the indices are accurate to 10 per cent. when carefully taken. Of course, no important opinion could be based on one index only, as that one is liable to be at fault, but a series, all taken with the same precautions, will bring evidence that cannot be controverted. A too exact scientific criticism would annul a valuable method which is accurate enough to give indications upon which many important diagnoses and prognoses can be reliably based and treatment instituted.

Index Technique.

The original Wright method, however, is a process of such length that it cannot be completed in less than four hours of actual labor. Even should the operator postpone the counting of the slides until another time, or have another to do the counting, there would still remain, at least, three hours during which he would have to stick fast to his post in the laboratory. It is true that he could do from eight to a dozen indices in the same time, almost, that he would use in doing one, but, unless he has his patients all in a hospital, he will have difficulty in getting blood from each, in order to start all of the operations at the same time. A great drawback, to the method, therefore, has been the amount of time required, making it necessary for the opsonist to give his whole time to it, and even then be limited seriously in the volume of work that he can do. With these objections in view we have tried to simplify the technique. By no means all of the innovations here presented are original with the writer, although I know of no one who has published any of these methods in connection with opsonic work. I first heard of the method of taking the white blood corpuscles from the blood capsule from Dr. R. H. Stevens, of Detroit. He attributed it to a "Kalamazoo man," but, as I was unable to trace the suggestion any farther and as Dr. Stevens only knew that the unwashed corpuscles of the patient were used in taking the index, I had to make several attempts before a successful technique was established. I wish to acknowledge the help of Dr. Claude A. Burrett, the director of these laboratories, to whose suggestions I am indebted for a large part of the material for this report. Whatever changes have been made from the classical method have not been arrived at by any sudden jump, but merely by a pro-

[1]Chas. E. Wheeler, Jour. Brit. Hom. Med. Soc., Jan., '08.

[2]Claude A. Burrett, (U. of M. Hom. Observer), Jan., '08.

[3]Johns Hopkins Bulletin, July-August, 1907.

cess of gradual growth as ideas which were feasible presented themselves. The method, as it stands, has proven eminently satisfactory, and has given just as accurate results as did Wright's, inasmuch as it has supplied us with valuable information that could not have been obtained clinically and for which we would not have had time had the old process been used.

The technique of taking the index will be explained in full, and, although there may be a repetition of some facts that are everyday processes to the opsonist, still, for the sake of clearness and to get each step in its proper place, we think that the oft repeated process can bear restatement:

(A) A fresh culture of the germ to be employed is smeared on an agar or blood serum slant and placed in the incubator the night before the index is to be taken.

(B) The capsules for receiving the blood are made in a slightly different manned than ordinarily. A medium fine capillary about three or four inches in length is drawn on the end of a glass tube, then leaving a bulb of about a half a cubic centimeter capacity, of the original diameter of the tube, a second capillary of similar length is drawn. This is left attached to a short piece of the tubing, over which an air-tight rubber nipple is fitted and secured with an elastic band. You thus have a straightened out blood capsule or a capillary pipette in which a retainer has been incorporated. At the same time two capillary pipettes are drawn about ten inches long, and fitted with air-tight nipples.

(C) A capsule is filled with the blood of the patient to be tested and another with normal blood. A mark is made at a convenient distance on the capillary, and equal volumes of blood are drawn up with equal volumes of a physiologically normal sodium citrate solution (.5 per cent. Na*Cit* in .85 per cent. NaCl). When the desired dilution has been obtained, the tubes are sealed off. After the intake end has been sealed the central capillary is broken off as close to the nipple as possible, a double crook put in it and the end sealed. This makes an ordinary blood capsule, but the accurate filling has been facilitated and the great volume of the diluted serum prevented from running up the opposite capillary. It makes no difference what dilution is used so that care is taken to have all the indices in the same series taken with identical dilutions. We have been in the habit of using a dilution of one volume of blood to four of sodium citrate. A volume or two of the salt is first placed in the tube, so that the first blood to be drawn in will not coagulate before diluted, then the blood and citrate are alternately added until the desired amount of blood is obtained, when the tube is filled to the proper dilution with salt. Example: Should a dilution of one to four be desired; two volumes of salt are first drawn up, then a volume of blood, then one of salt, one of blood, one of salt, another of blood and another of salt. If this be a sufficient quantity of blood for the purpose, the contents are now added up, there are three volumes of blood and five of salt in the tube. Since it takes twelve volumes of salt to dilute three volumes of blood four times, seven more volumes of salt must be added to complete the tube. All the blood is now contained in the bulb, the entrance capillary containing only clear salt. This will insure, when centrifuged, an even dilution of the serum and a washing of all the cells in the diluted serum.

(D) Both tubes are then centrifuged for five minutes. The blood cells are driven down into the capillary with the phagocytes on top unhampered by coagulum. Above is the evenly diluted serum.

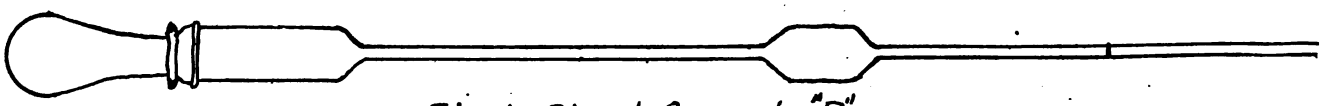

Fig. 1. Blood Capsule "B"

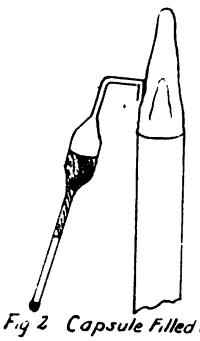

Fig 2 Capsule Filled and Sealed C

(E) An emulsion of bacteria is now prepared from the tubes planted in A. To do this a few cubic centimeters of an .85 per cent. NaCl solution are dropped into the culture tube, and the growth beaten off the surface of the slant with a sterile platinum inoculating needle. If the germs do not immediately emulsify a few moments' beating will separate them, this almost invariably saves the grinding in the mortar. The emulsion thus prepared is then poured into a centrifuge tube. The drop that hangs on the lip of the culture tube is wiped off with a sponge soaked in alcohol, which is burned, the mouth of the tube sterilized in the flame and recorked. The emulsion is then diluted to a strength of about 150 million per cubic centimeter, and centrifuged for five minutes.

(F) The blood capsules finished in D are then broken open and the capillary pipettes made in B filled with an equal volume of white blood corpuscles from the top of the precipitate, diluted serum from the top of the capsules and emulsion E. These, after being thoroughly mixed, are drawn into the pipettes, which are then sealed off and placed in the incubator for thirty minutes.

(G) After incubation the pipettes are broken and the contained blood smeared on slides. It is our custom not to try to make an even smear, but to leave the last drop, which adheres to the smearer in the centre of the slide. This may not make a beautiful slide, and the cells may be a little

thick in places, but it is much easier to find the phagocytes in this concentrated field; and even should they be in a thick spot spot the white blood corpuscles are usually surrounded by a clear halo. After the slides are dry they are fixed in absolute alcohol and ether for five minutes, and then stained with eosine and methylene blue. The index is now ready for counting.

It will be seen that this method does away with the tedious process of washing the white blood corpuscles, the index of every person being taken with his own blood cells. It is, therefore, not so much an index of the ability of the blood serum as an index of the ability of the whole blood to attack germs. Since the white blood corpuscles are said to be merely mechanical carriers of opsonized germs, it makes no difference whether a strange blood corpuscle, that is entirely freed from its serum be used or whether the phagocytes native to that blood be employed. The leading workers seem to be convinced of the fact that more delicate work can be done with diluted serum. This method gives an easy way of accomplishing this, diluting the whole blood, immediately as it is drawn, with a solution which we have Wright's authority to believe neutral to the action of the serum and the cells of the blood. The citrate is used to prevent the formation of a coagulum on the top of the cells after centrifugation, which would interfere with the taking up of the white corpuscles into the capillary pipette. Although the process may look complex when detailed at length, it is very simple and a great time saver. We have found it easy to have the pipettes in the incubator thirty minutes after the first finger is pricked. The method gives easily countable slides with clear, distinct cells, probably because there is not so much manipulation and changing of menstruum. Since we have been using this method we have had continually slides that were the exception under the old process. The counting is a matter that cannot be hurried, but nevertheless, instead of spending from a half to three-quarters of an hour looking for twenty-five suitable cells, as used often to be the case, we now invariably count fifty easily in from fifteen to twenty minutes.

When to Take the Index.

When we started into the opsonic work we took indices of each case every day. This soon came to be more than we could do, and we dropped into the habit of taking only occasional ones to determine the time of dose. After a time we found ourselves regulating the treatment, not so much by the index as by the clinical indications. At present a case will often be entirely treated without at any time having had an index taken. We try, however, to get several indices before the inception of treatment as an indication in prognosis. Altogether, the index in our hands, in spite of the shortened technique, has fallen into a secondary place in the regulation of treatment. It may be criticized by the pure scientist, but we find the clinical indications for treatment conducive of excellent results. In the sphere of diagnosis and prognosis the index still retains its place of utmost importance, and we would recommend that the beginner in opsonic work use the index as often as possible in regulating the dose.

The Dose.

We early dropped the heavy dosage with its marked negative phase, preferring a small, but often repeated, stimulus. To one who uses these large doses the sanction of the index is absolutely essential before he may dare to repeat the dose. We are now giving, to begin the treatment of our cases, one hundred million germs at a time; this usually produces merely the most ephemeral negative phase, it being but rarely that it is able to be detected at all. Giving doses of this size we find that they may be repeated, as a rule, every twenty-four hours. Every case is, of course, a law unto itself, and its treatment must be regulated accordingly. We give a dose every evening just before going to bed, unless the patient shows signs of supertoxæmia. Usually the omission of one night's dose will allow the system to overcome this negative phase, when it occurs, but it may be necessary to drop the interval permanently to a dose every other night. Sometimes one hundred million is found to be too large a dose for comfort, in which case the dose is placed in a glass of water, and a teaspoonful given every two or three hours at the discretion of the physician. In cases where the process is more acute, and where the results of even the most mild negative phase are feared, the treatment may be commenced to advantage with these split doses. At times cases are found in which daily repetition of one hundred million "shots" for some time brings, either no result or one that is not sufficient, and where double or even treble the amount must be given before a favorable reaction sets in. The index, in cases where this daily dose is given, shows a steady, gradual rise, instead of the curve of high hills and deep valleys that follows the administration of the "knock-out" dose. Often before the case is discharged we deem it advisable to immunize him against further trouble by a course of several large doses, four to five hundred million, several days apart. Altogether, the dose is a matter that must be regulated in each instance by the experience of the opsonist.

Mode of Administration.

All our opsonic treatment is done by mouth, as reported in last month's Century. This enables the patient to take his medicine to his home and administer it himself, like a bottle of pills. In order to insure the sterility of each dose the vaccine is not put up in bulk, but is placed in individual glass capsules, as the pharmaceutical houses put up the tuberculin. We have a course of experiments in progress proving a simplified method of preparing vaccines which will be reported in the near future, and in which will be incorporated a detailed description of the vaccine capsules.

The Rapidity of Action.

If the vaccine be made from the causative germ there is almost invariably discovered some change in the case the morning after the first dose is given.

One does not have to wait to tell whether there is going to be any benefit or not. The rapidity with which the alleviation sets in is well illustrated in the case reported last month, in which the angry swelling of the forearm, caused by a beginning palmar abscess was dissipated in twelve hours and the whole process cured in a week. The first indication though, instead of being an amelioration, may be an aggravation. This is a favorable sign for the ultimate good, as it shows the similarity of the infecting toxine to the vaccine, but it necessitates a change in the dose. Instead of waiting for this negative phase to wear off, as was originally advocated, it is a good plan to minimize the dose and accelerate the process. Should you get no reaction after a number of doses and after an increase in the size of the dose, you may conclude that the vaccine was made up from a contamination and not from the desired germ. In which case a new culture must be obtained and the process repeated. Although the first indications of betterment may be exceedingly rapid, in some case the final cure is of slow attainment. A vaccine "wears out" after a while, not so much, we believe, from loss of toxicity, as from a varying of the infecting organism and a consequent loss of specificity of the vaccine. A later report will be made dealing with this phase of the topic.

By the use of these methods the opsonist will be enabled to treat more than four or five cases at a time, which would be the limit did he adhere strictly to the technique of Wright. Once the vaccine is made up and the treatment successfully started, the case requires only supervision and a large number can be handled. The indices taken when needed in treatment or for diagnostic purposes, instead of being an afternoon's task can be run off in the noon hour, should the doctor have a general practice that prevents long stays in the laboratory. So it is to be hoped that eventually the opsonic treatment may be brought into a position where it will be possible for every well equipped medical man to do the work successfully himself, thus taking this form of treatment out of those divisions of medicine that must of necessity be turned over to the specialist.

A CLINICAL STUDY OF PULMONARY TUBERCULOSIS.

BY A. W. CALLOWAY, M. D., ASHEVILLE, N. C.

Fourth Paper, Hæmorrhage.

In by far the majority of hæmorrhages occurring from the respiratory tract below the pharynx, the origin is from the pulmonary or bronchial vessels and is caused by a tubercular process.

Owing to the fact that hæmorrhage may be the first noticeable symptom of pulmonary tuberculosis and that after it has occurred, physical examination reveals no structural changes in the lungs, many cases have been diagnosed as simply the bleeding from a superficial vessel in the throat.

This diagnosis is pleasing to the patient and often satisfactory to the diagnostician, and I think in 98 per cent. of his cases he will be incorrect in his opinion. If the case has already been correctly diagnosed, there is no difficulty in arriving at the origin of the hæmorrhage.

Statistics inform us that while hæmorrhage may occur in any stage of the disease, it more often occurs in the first before softening has taken place.

A slight hæmorrhage may originate from an inflammatory hyperæmia surrounding a tubercular focus, and in this case it could come from either the bronchial or pulmonary capillaries. A large hæmorrhage, however, is always suggestive of rupture of one of the pulmonary vessels.

A hæmorrhage in the early stage is more than likely caused by the narrowing of a capillary by tubercular formation increasing the blood pressure, which results in a rupture of the vessel. This gives rise to the symptom usually described as blood spitting. Some writers attribute this to congestive areas which take place around the points of infection. Later on in the disease, when the focus has softened and cavities have formed, the vessels are exposed, weakened, and often necrosed, the rupture of which gives us the large and oft times fatal hæmorrhage. The immediate cause in this case being probably due to any one of a number of influences which increase blood pressure.

The danger of a hæmorrhage depends upon the amount of blood lost, and the rapidity of its flow. Any amount up to three ounces might be termed a small hæmorrhage, and beyond that, large ones.

Small hæmorrhages, unless often repeated and long continued, are not necessarily dangerous. Large hæmorrhages occasionally result in immediate death and are usually considered grave.

A hæmorrhage of any size, while, probably, of tubercular origin, ought to suggest to the physician the other disease in which hæmorrhages occur, as chronic heart disease, cirrhosis of the liver, syphilis, arthritic diathesis, pulmonary embolism, acute pneumonia, pulmonary abscess and malignant conditions of the lungs.

A careful study of the history, symptoms and physical findings, will assist in the differential diagnosis and should always be made where the diagnosis is not clear.

In a large number of cases before the hæmorrhage occurs, there is usually a dry hacking cough. As the blood flows into the mouth it gives a salty taste and feels quite warm. Its color depends upon the length of time of its retention in the respiratory tract after the hæmorrhage has occurred. If it comes up at once, it is bright red and if the amount is small and it is retained for several hours or even longer it has a dark color.

As a rule, hæmorrhages are not single, as one predisposes to others. Usually following a hæmorrhage some blood or bloody clots are noticed in the sputum for several days, gradually getting darker and decreasing in amount.

While one would suppose that auscultation made soon after the hæmorrhage occurred would reveal the origin of hæmorrhage, or, at least, demonstrate bubbling rales in the neighborhood of it, the surprising fact is to find out how often it really reveals nothing.

This point has convinced me that even a most careful auscultation of the lungs may not determine the presence of an infected area of considerable size, hence, how guarded we should be after making such an examination, and declaring on the result of it, that the patient has absolutely sound lungs.

Coughing must always attend the egress of clotted blood.

Following the hæmorrhage there is usually a temperature reaching to 103° F. This is attributed to what might be termed an aspiration pneumonia. In large hæmorrhages the fever may be due to the fact that the loss of blood congests the internal organs, thereby preventing the normal radiation of heat.

The diagnosis of pulmonary hæmorrhage is a simple matter. There is some difficulty, however, in arriving at the primary cause. Blood originating from the lungs is sometimes swallowed and then vomited, giving rise to some confusion. A careful examination into the history and physical condition of the patient ought to clear up the diagnosis. One who is coughing and expectorating from the lung may have a bleeding tooth or naso-pharynx and thus confuse the hæmorrhage. An examination of the sputum for bacilli is valuable in detecting the differential diagnosis in the various kinds of hæmorrhages, which arise within the lungs or bronchial tubes. It failing, the tuberculin test may be employed.

The hæmorrhage from the œsophageal vessels, which is found in cirrhosis of the liver, may be confusing, and nothing short of a careful examination will determine the origin.

In short, however, I do not believe the diagnosis of pulmonary hæmorrhage will often be in error; if there is any difficulty it will be in establishing the primary disease.

Hæmorrhagic cases, as a type of pulmonary tuberculosis, are usually the more favorable ones. Small hæmorrhages are sometimes of benefit in that they relieve congestive areas, thereby reducing the cough and oppression.

The blood supply of the lungs is as follows: The pulmonary artery conveys the venous blood to the lungs for aeration; it divides into the branches corresponding to the bronchial tubes, terminating in a dense capillary network upon the walls of the intercellular passages and air-cells; from here the pulmonary veins arise, which return the blood to the heart; the bronchial arteries supply the nutrition to the lung; they accompany the bronchial tubes and are distributed to the bronchial glands and upon the walls of the bronchial tubes and pulmonary vessels; they terminate in the bronchial veins, some communicating with the pulmonary capillary plexus; the bronchial veins receive the return blood from the bronchial artery and empty into the vena azygos major on the right and left side in the superior intercostal veins.

The bacilli often enter the blood vessels through the peri-vascular lymph channels, depositing tubercles in the walls of the vessel and the necrosis follows. Then it requires an increase of blood pressure to cause the rupture.

Among the causes of this increased blood pressure are severe mental or physical exertion, cold baths, long walks, certain atmospheric conditions, especially rapid rise of humidity, stimulants, irritating fumes or drinks, gymnastics and deep breathing exercises.

A combination of the above causes being put into effect the hæmorrhage follows. It may come without warning, or it may be preceded by blood streaks in the sputum, feeling of oppression in the chest and irritation of the throat. The arrest of the hæmorrhage is the first step in the treatment.

In the experience of the writer covering two hundred cases or more, with but two immediate fatalities, there has not been found a reliable medicine employed during the hæmorrhage as a hæmostat.

In two hundred cases, which were not fatal, I have used the various homœopathic remedies, Ergot, Erigeron, Gelatin, Calcarea chloride and Adrenalin, Atropine and Morphine. The latter two are the only ones which give noticeable results in the majority of cases.

Ergot is not only without benefit, but is positively harmful, as it increases the blood pressure. How, then, has it gained its reputation?

It has been demonstrated, beyond doubt, of its efficacy in uterine hæmorrhage and, therefore, has been repeatedly given in pulmonary hæmorrhage.

As 90 per cent. of all cases recover, whether we give medicine or not—supposing Ergot was given in these 90 per cent. of cases—we might give Ergot the credit which belongs to nature. Sometimes we employ one remedy after the other, and very naturally ascribe the cure to the last one given before the hæmorrhage ceases. In my opinion, most hæmorrhages cease of their own free will and not from medicine.

The color of the blood cannot be a guide to the selection of a remedy, as its color depends on influences after it has passed the blood vessel.

We ought not to prescribe Ipecacuanha on the symptoms of nausea, etc., because that very nausea is the result of low blood pressure, the most desired condition necessary in controlling the hæmorrhage.

The arrest of hæmorrhage depends on, first, the coagulability of the blood; second, the formation of a thrombus; third, the lowered blood pressure; fourth, absence of any influences, influencing adversely the above.

Gelatin, owing to lime it contains, and Calcarea chloride are given because they render the blood more coagulable. I give the former in a 10 per cent. solution, per rectum, and the latter as nourishment in a watery 10 per cent. solution. Erigeron, in five drop doses, has, probably, a coagulating effect. It is given in small hæmorrhages. The blood being rendered artificially more coagulable, the thrombus formation is hastened.

Absolute rest is the most important factor of all in treatment, not only favoring the formation of a

thrombus, but assisting in its retention. Absolute rest in bed is imperative, rest of the lung (freedom from coughing) is best obtained by hypodermic injections of Morphine, ¼ grain, which, by the way, invariably calms the patient. Atropine sulphurica is now given in doses hypodermically, 1-100 to 1-50 grain, to flush the capillaries, thereby decreasing the blood pressure already lowered by the Morphia.

The nourishment should be liquid, and not irritating, and talk forbidden. Should the cough tend to loosen the thrombus it is well to thoroughly strap with adhesive straps the affected side.

Under this treatment I believe uniform results can be accomplished.

A patient should not return to solid food until several days following the arrest of bleeding, and during that time the patient should be at absolute rest.

I have found Aconite and Veratrum useful in the symptoms which follow a profuse hæmorrhage—such as the rise of temperature, increased arterial tension and pulmonary congestion.

Many might inquire, since remedies have little apparent effect, why call a physician; to which I will answer that a physician's care, suggestion and restrictions are frequently more valuable than his medicines.

A FEW POINTS FROM THE DISCUSSIONS A. I. H.

A line of instructive literature should be in the hands of our patients.

Korndorfer.

The only way to create enthusiasm for Homœopathy in other people is to bring the matter personally to them, and to that end we must employ somebody with the time, and disposition and ability to bring it home to every representative of our school in the United States.

McElwee.

The time has come when an organization reaching all over this country must be perfected; it is the only thing which will save us.

Cobb.

There is no remedy in our materia medica so sensitive to change of weather, to cold, to heat, as Tuberculinum. It is as sensitive as Lachesis or Sulphur to the heat of summer; as Kali carbonicum to the extreme cold of winter; as Mercury or Rhus to weather changes.

Allen.

A characteristic symptom of Tuberculinum is amelioration by the cold, open air. This is a most important modality. They cannot get enough of it. They don't seem to feel the cold.

Rabe.

The "red strand" of Pulsatilla is its great sensitiveness in the mental, moral, physical, as well as pathological plane.

Waring.

Pathology does not mean the name of a disease. It means the entire change of function. We must have the entire picture of that patient, or we do not get what Hahnemann told us to get—the totality of the symptoms.

McIntyre.

We are prone to slide into the old style of prescribing Phosphoric acid empirically for nervous exhaustion in cases which could be better met by Picric acid.

Custis.

There are more Homœopaths to-day, more single remedy prescribers than there ever were before in the history of Homœopathy.

Allen.

Many have faith enough to believe that Helonias will cause changes in the location of the uterus, as alleged of Pulsatilla. To be able to give an explanation of those symptoms upon which we so frequently prescribe is what I want.

Custis.

When we teach a patient to breathe properly, he will eradicate from his system all tuberculosis and will throw round himself a halo of protection from disease.

Hinckley.

There was a certain man by the name of Samuel Hahnemann who said there was no such thing as a local disease. You will find it in paragraph 186 of the Organon.

Allen.

Aseptic vaccination is an impossibility. If it is not septic material which you put into the arm you get no effect. If you put anything into the arm which produces a vesicle, and later produces pus, it is certainly septic, and if the product of vaccination is not pus, I do not know what it is.

Miller.

I do not believe you can palpate the appendix in any case in which it is safe to do so.

Roberts.

Give the Walcher posture a trial before resorting to symphysiotomy, pubiotomy, or Cæsarean section.

Biggar.

Correspondence.

CORRESPONDENCE FROM THE SOUTH.

BY C. E. FISHER, M. D., CHICAGO.

Up to Sky Line, Altapass, North Carolina,
March 1st, 1908.

To the Medical Century:

Our hospital work at East Radford, Virginia, having been completed, because of the fact that my Company's Tidewater Railroad construction in that State has been finished, my efforts are now being put forth wholly in the Blue Ridge Mountains of North Carolina, three thousand feet above sea level and a good many miles from almost nowhere. We are not even on the map. But by consulting any good railroad leaflet, especially the rather excellent one of the Louisville and Nashville road, and noting the location of a little terminal called Sprucepine and another called Marion, both in the tar-heel State, our spot can be studied out,

as we are but five miles east of Sprucepine, building eighteen miles of the connecting link of the South and Western railroad, through the Blue Ridge between the points named.

Altapass is at the summit, seventy miles from Johnson City, Tennessee. It is but eleven hundred feet higher than that thriving young city on the Southern railway. But as the summit is reached the declivity is very great, so we are building our eighteen miles through sixteen tunnels in letting down fourteen hundred feet on the east side of the ridge, it requiring that distance to cover, but four linear miles between the Ridge and the valley. 'Tis a Marshall Pass—Hegemann Pass bit of road that is being built, through mountains and scenery quite rivalling many of the best of the Rockies' exhibits. 'Tis a dangerous piece of construction, also, hence our "Mountain View Hospital" for the care of our workmen.

Emigrationally speaking, there is nothing in this particular neighborhood to attract the homœopathic doctor, or anyone else, for that matter. It is mountains, gorges, passes, defiles and general ruggedness, coupled with poverty, ignorance and lamentable benightedness.

Johnson City.

But we have to go no further than Johnson City to find a splendid field for an active and competent homœopathic doctor with a wee bit of perseverance in his professional make-up. That thriving little metropolis is comparatively a new town, of about nine thousand people, with three lines of railroad, several modest factories, a number of other industries, and a population of about seventy-five thousand to patronize it. Nearly all of five counties, three in East Tennessee and two in Western North Carolina, do business with Johnson City. The town has an unusually live and harmonious Commercial Club, it is in a Republican Congressional district, is the home of the Mountain City Soldiers' Home, with 1,600 inmates and a large annual expenditure of the Government's cash through this source, and bears numerous other attractions and advantages, all of which ought to appeal to a homœopathic physician with confidence in himself and a desire to grow up with a very intelligent and wide-awake community, in a very good country possessed of an equable and desirous climate.

Athens, Georgia.

Last week I was called professionally to see a lady of eighty-five years of age at Athens, Georgia, and was surprised, when I became acquainted with the city, that there should be no homœopathic physician within its limits. Athens has, perhaps, 15,000 inhabitants, and is at the present moment enjoying quite a building boom. A very considerable number of residences are being erected, some of them really palatial, among them the one to which I was called, and a good number of business buildings are in process of construction, among these one seven story sky-scraper, of pretentious architecture and proportions. The University of Georgia, which celebrated its one hundredth anniversary a year or two ago, is located here, with an enrollment of eight hundred students this year. There is also the locally celebrated "Lucy Cobb Institute" for young ladies and other very good schools at Athens, which boasts of its generous culture and refinement. It is not often that we hear of a city of this population without a homœopathic physician, and my mind was impressed with the belief that the vacancy should be filled. I was especially struck with the large number of really elegant homes, many of them of the old Georgia colonial style, with large yards and beautiful trees. The streets are well paved, the city has electricity and gas and a very good system of street cars, while the church opportunities are all that is to be desired.

Marietta.

Marietta is another Georgia town that needs a Homœopath. It is about twenty miles north of Atlanta, on the Western and Atlantic railway, and is connected with Atlanta by a splendid suburban electric road. It is one of those good, quiet towns that please people who want rest and at the same time a comfortable home and a modern practice. Its people are hospitable and sociably inclined, and a good many Northern people stop at Marietta on their way South and on their way back North. I spent my honeymoon period in this town thirty years ago this summer, enjoying a very comfortable patronage while there. A member of the Gatchell family—not my especial friend and very warm admirer—also practiced at Marietta at one time. Its population is, perhaps, five thousand, with a good patronage from the county, and with several successful industries.

Macon.

Macon, further South, with thirty thousand, or thereabouts, perhaps more now, has had several homœopathic doctors in times gone by, among them Dr. Dunwoddie, for many years; Dr. Virgin, Dr. T. M. Strong, from Boston, and Dr. Harper, but I understand it is now without a physician of our school. There is plenty of leaven in Macon for a good-sized homœopathic lump. But, as at Marietta and Athens, there will probably be a somewhat protracted waiting period, not longer, however, I believe, than in any new field. Given proper medical training, a good degree of general intelligence and education, culture, refinement, tolerance and forbearance, and with a moderate reserve fund, any tactful homœopathic physician ought to do well at either of the points named—Johnson City, Athens, Marietta or Macon. There are dozens of others just as good, but my attention has been especially attracted to these within a week.

A Visit to Atlanta.

To get to Athens I had to pass through Atlanta. Of course, I could not pass Dr. Orme without a visit. And why should I? Did he not welcome me to that city just thirty years ago? Did he not act as ballast for us when we organized the Southern Homœopathic Medical Association at New Orleans in 1885? Did not he, more than any

one else, make me vice-president of the American Institute of Homœopathy on the McClelland ticket at Washington in 1892? And did not this make me president two years later? And did I not dedicate my work on Diseases of Children to him, and did he not allow of the dedication? Of course, I could not, nor would I pass Dr. Orme, the one living Nestor of Homœopathy in the South, the only one of the Old Guard left down here, himself an ex-president of the American Institute, and deeply interested for his now fifty-four years of professional life in everything homœopathic that appeals to his wisdom and judgment. And, to his old friends of the Institute, glad I am that I did not pass him by!

It is a real treat to visit his hospitable home. Dr. Orme has had a large practice in Atlanta for forty-six years. Just that many years ago he went to that city expecting to die of phthisis, but just that long he has been a very busy and highly respected practitioner. Among his patrons to-day is one family representing six generations, among whom he has practiced; and of grandparents, parents, children and grandchildren who look upon him as their own Dr. Orme there is a small legion.

But, like all complicated pieces of mechanism, whether mere machinery or a human being, the time comes when repair-day arrives and the machine wears out. Dr. Orme's repair-day is here. La grippe has enfeebled his powers of resistance until he is not as of yore. Pleasurably, he is able still to do a good round of office practice—daily. Regretfully, he is no longer able, with justice to himself, to keep up his visiting practice, and on February 29th so announced to the good people of Atlanta who have loved him so long. Not yet invalided, Dr. Orme is enfeebled. Not down and out, he is somewhat disfigured. But he will die in the harness, when the time comes for him to join his old colleagues who have gone before, and will lay down the armor uncomplainingly, conscious of having lived a long and useful life, and of having done untold good to the world. His has been a beautiful and well-spent journey. Thousands will grieve when he casts off his burden as all of us know he must after a time. But we all hope, nevertheless, that his time of reckoning is not near at hand.

Could Dr. Orme have spent his life more satisfactorily than in relieving suffering and restoring the sick? This is doubtful. But if he has another field in which he might have excelled it is that of literature, and I am sure those who have read his writings and have enjoyed the versatility and richness of his talents will be glad to know that he has consented to spend a part of his remaining days in reminiscencing for the benefits of the profession and his friends. It was not without persuasion that he has consented to tell us of John F. Gray, of his recollections through his preceptor of Gramm; consented to bring us down from Hering to Holcombe: to give us Homœopathy's victorious experiences with La Maladie du Diable, as yellow fever was so rightly styled when its ravages were so vicious and destructive in those early days of little sanitation and less understanding of the disease referred to; to give us reminiscences of Talbot and Dake, and Murrell and McManus, of Bailey and Belden, of Joslyn and Small, and of others of those sturdy pioneers whose works made Homœopathy throughout our country and his. Of the famed Yellow Fever Commission created by Act of Congress in 1878, to study the frightful epidemic of that year, Dr. Orme is the single one living and yet in practice. Only Dr. Breyfogle, besides himself, remains. Likewise, of the pioneers of the South, all are gone but Dr. Orme. And did they live, none but he and Holcombe and Dake possessed the talent to tell the tale in a manner to edify the profession and connect the history of that momentous past with the history of the coming future, Facile with his pen, fruitful in powers of description, and rich in an experience which but few to-day can boast, we may be sure that what Dr. Orme may have to tell us of the historic past in Homœopathy will be no tale of fancy, but a genuine garnering of golden grains of truth and story which will be invaluable to those who read. I shall watch for these Memoirs of the Past with impatience and interest, hungry for the entertainment which I know is in store.

While in Atlanta Dr. Orme called my attention to the following little pleasantry penned by him in 1893, soon after the Medical Century was begun, and to the rather remarkable changes which have taken place since the lines were written. Those who knew the men who are named, and their preferences and predilections, will comprehend the parody and enjoy the verse:

A Dream of Chicago.

I dreamt that Fisher was rich and stout—
I wonder if dreams come true;
That all of the colleges had died out—
I wonder if dreams come true;
That Mitchell and Ludlam had nothing to do,
That Hall and Pratt were idle, too,
That in Chicago nothing was new—
I wonder if dreams come true.

I dreamt that all of our journals were dead—
I wonder if dreams come true;
That Gross had not a white hair in his head—
I wonder if dreams come true;
That Grosvenor and Duncan were "on a tear!"
While Bailey and Fellows united in prayer
For the spread of Allopathy everywhere—
I wonder if dreams come true.

I dreamt that rumors were in the air—
I wonder if dreams come true;
That Hobart and Tooker and Crutcher rare—
I wonder if dreams come true;
Were heard with bated breath to declare
That Hawkes and Hoyne were in despair,
And King and Allen were tearing their hair,
At the use of "high potencies" here and there—
While Hale and Crawford did shout and swear
That only the "CMs" were everywhere!
I wonder if dreams come true.

F. H. Orme.

Atlanta, May, 1893.

Dr. Orme's little poem was written early in May in the year of the World's Homœopathic Congress and was printed in the "Daily Medical Century," published during the meeting of the Congress. That a great many changes have occurred since that time will be the more apparent when the personnel of the verse is considered. The first named friend of the author, then both poor and slim, is now fair and fat and somewhat better favored financially, though far from rich, as the poet dreamed. Only a few of the colleges have died, others have been born and still others resurrected, while a few have been doing heroic work for our cause all the while. The journals are not all dead, though some of them seem nearly so, and some others ought to be, while any number have been conceived and accouchered from that day to this.

Of the physicians named, Drs. Ludlam, Mitchell, Hall, Gross, Fellows, Hobart, Tooker, Duncan, Hoyne and Hale, with whom Dr. Orme took poetic license at that time, have passed to their respective rewards and, probably, are not at this time worrying very much over the high and the low, the colleges and the journals, the joys and the jags.

Those who are still jogging along. Pratt could not be idle if he would, nor would he be happy if he were. Dr. Grosvenor has gotten over the "sprees" he never went on, and Allen and King are still pounding away trying to "destroy" the potency problem by having it work only their way. Hawkes and Crawford are in California, Bailey is as busy as ever, and about as young and cheerful, as he always will be. Of the older men, but Orme and Grosvenor remain. Surely the changes have been many and marked, now fifty-four years in the harness, and well may the good Georgian "wonder if dreams come true."

C. E. Fisher.

HOMŒOPATHY IN MISSISSIPPI.

BY GEORGE W. CROCK, M. D., VICKSBURG, MISS.

There are nearly 2,000,000 people in Mississippi; nearly 2,000 physicians, and less than five practitioners of Homœopathy.

The law requires that those intending to practice medicine shall pass an examination, conducted by the State Board of Health. The members of this board are appointed by the Governor, and its personnel has always been made up from members of the dominant school.

Applicants for a license to practice are examined in eight branches of medicine and eight questions are asked in each branch. Each applicant receives the same questions. These are printed on separate sheets; one for each branch, with a blank space beneath each printed question for the written answer.

An average percentage of 70 is required to prove an applicant eligible for a license.

At the conclusions of the examinations, which are conducted semi-annually, the papers are examined, recorded and filed, and may be seen at any time by any one interested.

The school of medicine which the applicant has elected to follow, is known to the board previous to the examination, as one of the questions which he is required to answer in filling out his application for a temporary license, refers to the school of practice which he prefers. This license gives him the privilege of practicing until such time as the board meets for examination.

This synopsis of our State law may help somewhat to re-assure those of our school who may have hesitated to take an examination before an allopathic Board of Examiners.

When some years ago the writer took his examination for the license, he, having ascertained that he was the only Homœopathist to come before the board, felt rather solicitious regarding the outcome. After learning that each applicant would receive the same questions, he felt a trifle sanguine. He was actually jubilant, however, when the president of the board told him, very courteously, that as he was a member of the homœopathic school, it was not necessary for him to answer the questions on Materia Medica (including Practice). This was in answer to his inquiry as to whether the replies would be accepted if given from the standpoint of homœopathic teaching. The board requested the answers to that paper of questions, but did not require them, so they were given from a homœopathic point of view.

But few members of our school have come before a Mississippi Examining Board. The physicians who were practicing in the State before the licensing law went into effect, were given licenses without examination. Anyone contemplating a location in Mississippi for the practice of Homœopathy need fear no discrimination on account of his school of practice, and the questions asked in the different examinations have always been those which any man, intending to practice medicine, should be able to answer.

But few towns in our State have homœopathic representation. In a number there are homœopathic adherents, who, having come from other localities and desiring homœopathic treatment, must, of necessity, treat themselves and the members of their families by the guidance of one of our handbooks of domestic medicine, or by writing to the nearest homœopathic physician for advice. Obviously, that plan is very unsatisfactory, even in minor cases of illness, and any attack, which, from the lay point of view, appears in the least obscure, or, which inclines in any degree toward the serious, necessitates the calling in of a physician of the dominant school. All that his first visit entails, under such conditions, may be imagined.

Having had so few representatives in this State, Homœopathy has grown very slowly. There is here, however, a magnificent field for its development, beginning with the more intelligent and the cultured of our people, many of whom have had no experience with Homœopathy. They are those, to whom, as we all know, our system of treatment especially appeals when convincingly presented. In them we have a fertile soil ready for intelligent planting.

Our progress toward that solid establishment of

Homœopathy, which we so earnestly desire will necessarily continue slow unless men of our school give Mississippi consideration when selecting a location.

We, who are now practicing in the State, and those who may come to assist us, should constantly bear in mind the necessity for making absolutely sure, 1st, that we are well grounded in our faith; 2d, that we are carefully observant in the management of our individual cases; and 3d, that we are able and willing to explain clearly and concisely the many questions that are asked regarding Homœopathy.

The first two requisites for successful work only need mentioning to impress their importance.

The third has probably always been the largest stumbling block in the path of homœopathic progress.

Most of the questions asked regarding Homœopathy, come from those whose interest has, in some manner been aroused as to posible merits in a system of treatment, which they have previously considered as being made up entirely of "sugar pills" and "stale water." How many golden opportunities may have been lost by an inability to answer promptly and clearly, questions regarding "small doses" and "sugar pills."

We, in Mississippi, have found it especially difficult to make lasting impressions, owing to ideas which are almost superstitious regarding climatic and telluric influences, and to traditions regarding the medicines and the dosage required to successfully treat cases of illness in this latitude. For these reasons, and from long usage, a custom of very material dosage has become established.

Mississippi has many plantations, and frequently they are of vast area. Some have a resident physician, and he, occasionally, is the owner. Many others, however, have no physician within many miles.

The negro tenants on the plantations, have for many years looked to the owner or manager, who resided on the place, for medical advice and attention. A humane, as well as a material interest, prompted the desire to keep each tenant on a plantation in good physical condition. From that, the custom of keeping a plentiful supply of, at least, two medicines, on hand was evolved.

The owner or manager has, occasionally, a little medical knowledge, absorbed from the physicians whom he has, of necessity, called in from time to time, and as calomel and quinine are the remedies which he has most frequently seen prescribed and dispensed, and these in heroic doses, he naturally keeps a plentiful supply of each in stock, and dispenses them in accordance with his limited knowledge.

Very few things, medical or otherwise, that are not decidedly material in appearance or effect, appeal in the least degree to the negro, who makes up the great bulk of our population, especially on the plantations, and that, also, has helped to make a calomel and quinine prescription a routine procedure in the initial stages of most cases of illness.

It must not be thought that these crude dispensings, in accordance with routine prescribing, are directed alone toward the ailing negro. Nine times out of ten that member of the planter's or manager's family who is prescribed for, either by the physician who may have been called from a distance or by the head of the family, receives the same medicine and the same dosage at the beginning of an attack at least.

Practitioners of Homœopathy have, as a result, some difficulty in proving their dosage of value. A patient who has been used to a system of treatment, which "makes him sicker before he gets better" needs very clear and concise explanations as to the merits of infinitesimal doses.

It is not easy to make that individual consider seriously a possibility that he is suffering more from his previous dosage than from the ailment for which he was dosed.

Those who have ever given Homœopathy what might be called, a fair trial, remain devoted adherents, and that, of itself, should be ample encouragement for any earnest exponent, no matter how adverse the conditions under which he labors.

Other difficulties come from a necessity for convincing those who are considering a trial of our system of medicine that our doses can possibly be curative, or even palliative in the treatment of adults. The partially enlightened, as well as the densely ignorant, often state very frankly that they "believe Homœopathy is good for children," but they just as frankly assert that "adults require larger doses." There comes the opportunity for explaining, as convincingly as possible, the universal application of the law of similars.

If the willingness of one of these inquirers is secured to abide by the results, a start has been made toward the exemplification of our law of cure. What follows rests with the exemplifier.

Vicksburg, Miss., March 11th, 1908.

Societies.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

Once again this is to remind you that of the 952 homœopathic physicians of Ohio, only 218 belong to its State society.

The secretary is having a supply of "Application for Membership" blanks printed. But don't wait, get your people in line, and get their signatures to a blank as soon as you can.

Don't worry about those who are sliding over to the other side, they will all come back and be better Homœopathists, as soon as they find out, through experience, that "all is not gold that glitters." When therapeutic uncertainties confront them, and their results are not what they expected, they will turn once again to that which led them to expect and to get results.

The best homœopathic physicians in the old days were made from recruits to the new school from the old school. So history will, undoubtedly, repeat

itself, but every one can not learn from history and recorded past experience.

It takes a wise man to appreciate wisdom.

Do you think you can get ten new members in your section, for the meeting at Dayton, Ohio, Tuesday and Wednesday, May 12 and 13, 1908?

Get your fellow-members to help do it. You do the planning and the leading, and that means giving time to the work.

Get busy, do it now, keep busy.

Fraternally,

Thomas M. Stewart.

March 9, 1908.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

A large and enthusiastic meeting of this association was held, more members from the country being present than for some years past.

President Dr. C. R. Mayer presided. Minutes of the last session were read and adopted. The treasurer's report showed the association is in good condition.

The Clinical Committee reported the free dispensary is doing well, and owing to the demand, the advisability of the attending physicians visiting the sick and poor at their homes was discussed. It was thought best to leave this subject for the Homœopathic Medical and Hospital Association to decide.

Dr. Edw. Harper stated he had been approached by several doctors in reference to the advisability of amending the medical laws of the State as they now stand. This brought out the fact that many of those present had been approached upon the same subject.

Dr. M. F. Howe, of Lake Charles, then presented the following resolutions:

Whereas, It has come to the knowledge of the Hahnemann State Medical Association, of Louisiana, that an effort will be made at the next session of the General Assembly of the State of Louisiana, to amend Act No. 49, of 1894, as amended by Act No. 13, of 1896, and to re-enact the same.

Resolved, That this association heartily approve any movement which has for its object the raising of the standard of medical education and the suppression of quackery, providing, no measure is proposed for adoption which will interfere with existing medical examining boards, who shall pass upon the qualifications of all applicants who desire to practice the healing art in any of its branches in the State of Louisiana, as presently required by the existing law.

Be it Further Resolved, That a Legislative Committee of three be appointed, who shall be empowered to protect the interests of this body.

Signed. M. F. Howe.

These resolution were the means of bringing out a free discussion, which developed the fact all present were in favor of raising the standard of the profession. The resolutions were adopted unanimously.

The chair then appointed on the Legislative Committee the following physicians:

Dr. Edward Harper, Dr. R. S. Moth, Dr. Jno. T. Crebbin.

Dr. Harper, secretary of the Southern Homœopathic Medical Association, reported this association had selected New Orleans as their next meeting place, in October.

It was decided to appoint Committees on Entertainment, Reception, and others later.

The following officers were elected to serve the ensuing year:

Dr. C. R. Mayer, of New Orleans, La., president.

Dr. M. F. Howe, of Lake Charles, La., vice-president.

Dr. J. T. Crebbin, of New Orleans, La., secretary.

Dr. R. D. Voorhies, of Lafayette, La., treasurer.

Dr. M. F. Howe and Dr. E. Harper were elected delegates to the Institute of Homœopathy, and Dr. R. A. Bayley and Dr. D. A. Lines to the Southern Homœopathic Medical Association.

The chair appointed Dr. Jno. T. Crebbin chairman of the Committee on Publication, and Dr. R. S. Moth chairman of the Membership Committee.

In accepting his re-election, Dr. Mayer urged more united efforts on the part of the city and country doctors that they forget self, and strive to elevate the standing of their calling, urging them to rally to the support of the administration and work to secure new members for the association and parent Institute. The parish delegates were asked to co-operate and attend the sessions regularly.

There is a growing demand for graduates of our school in this State, and there is room for good surgeons in our cities. This State enjoys the distinction of having a board of medical examiners made up of members of our own school.

Signed. John T. Crebbin,
Secretary.

UNION CLINICAL SOCIETY.

The Union Clinical Society met on the evening of Friday, March 13th, at the home of Dr. C. R. Coffeen, Piqua, Ohio. A very excellent course dinner was served. The tables were decorated with potted plants in flower, and each physician's place designated by a hand painted oval place card. The dinner put all in good humor, and enabled the strenuous, hard worked ones to regain their poise. Dr. Beebe, Sidney, then read a good paper on "Pharyngitis," which was well discussed. One of the discussants criticized the Clinical Society for its neglect of pathological teachings, and another for its wanderings from the straight and narrow path of Similia. Most of the speakers devoted their attention to treatment. The eclectic contingent were practical and to the point, as is usual with them. Those present were: Drs. Hetherington, Coffeen and Baker, Piqua; Brubaker, Covington; Wolcott, Troy; H. M. and H. E. Beebe, Hunt, Ferree, Hobby and Reddish, Sidney.

A. W. Reddish.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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APRIL 1, 1908

Editorial.

THE HOSPITAL---ITS WHOLE DUTY.

Of all institutions, the hospital is the one where the dollar mark should be a secondary consideration. Possibly, even, it might not be considered too broad an assertion to say that cost should never be considered when necessities for continuing its work are being considered. Above all things, it is a mistake to cut down expenses in order that there may be a surplus at the end of the year.

The first duty of the hospital is to the community and not to the balance account. Just as soon as an eye is turned toward the creating of a surplus fund at the expense of service and supplies, just that soon does the management start on the road which will eventually lead to disintegration and dissatisfaction. While the institution should be carefully and wisely managed in its financial department, that management should always remember that a deficit is not a disgrace and should have faith that some one will take care that the good work may not be crippled by it. That this is true, may be proven from the records of almost any hospital where the good to the community is the first thought.

In the first place, work of the hospital, among and for the poor, should be limited only by its capacity. The first question asked of the applicant should not be, "Have you any money?"—but rather, "What good can can we do you?" The hospital has no right to set aside a few beds for charity work and refuse to accept charity patients for beds that have been set aside for pay patients. The rule should rather be to refuse no patient on account of lack of money, as long as there is an empty bed in the house. If those in executive charge have not the faith to do this, then they should not be in charge. Their energies should be transferred to a money making corporation. The hospital is chartered as an institution operated not for profit, and just as soon as there is a profit shown, that institution is not true to its trust. That profit should be expended in broadening the work of the corporation. It should not be allowed to accumulate. It is a fallacy to say that an institution has a deficit because the amount of money received from its patients does not pay expenses. The money given as donations is so given with the understanding that it shall be expended in charitable work and if it is not expended it should be returned to the doners. The institution has no right to keep it. If a mother gives her son a dollar with which to make a purchase and that purchase costs only ninety cents the balance belongs to the mother, not to the son. Nor is it right to limit the daily work of the hospital for the purpose of creating a fund for the building of a new hospital. This is a special work and special aid should be sought in order to accomplish it. The moneys ordinarily given to a hospital are given for the prosecution of its daily work and this daily work should be limited only by the needs of the community in which the hospital is situated.

But the duty of the hospital is not alone towards its patients. In the broadest sense of the term it is an educator. All within its walls should be students. The resident and visiting physicians, the nurses, the ward orderlies, the general help, even the patients themselves should, by reason of service or residence therein, be better fitted for doing their part towards making life more worth the living.

To gain this end there should be large facilities in the hospital for study. There should be laboratories for original research and pathological work. A dispensary should be operated in order that by study of large numbers of patients the best methods for their relief might be determined. There should be abundance of hospital supplies and equipment of all kinds in order that surgeons and attendants might not be embarrassed by the absence of something necessary to obtain results exactly right. The atmosphere about the hospital should be generous and inviting in order that the many may be attracted and so its benefits spread the more broadcast.

From all of which it would really seem that the chief duty of the hospital should not be to make money, that there is a better, more human field in which the capabilities of those entrusted with its conduct might be expended. Let it be so conducted that all may rise up and call it blessed—that it may be a place to which one might look as a refuge in time of trouble, a place to be sought

rather than avoided, even in times of health, for the good which may come simply from association with those whose work shows the love of fellow-men.

"DE SENECTUTE."

A man is just as old as his arteries, at least that is what some one has said. With the title, as given above, the Paris correspondent has written to the Boston Medical and Surgical Journal a letter full of things, some old, mostly new. He discusses the recently vaunted use of the high frequency current in the use of arteriosclerosis. He states that the concensus of opinion condemns the method. The main difficulty seems to be a failure to recognize the difference between temporary change and permanent cure. It is conceded that raised arterial pressure can be momentarily affected by powerful electric currents; so can it be by a violent blow on the head. But that cannot possibly be claimed to be a cure of a condition which has been growing for years and is a gross organic lesion. The thing that catches the patient, however, is that a lessening of blood pressure actually occurs as an immediate result of the traumatic agency of the current and what one sees he believes. He does not see that the arteries are just the same as they have been and that, therefore, the disease is not gone. How absurd it seems to say that by a few weeks' treatment with this high frequency current we can eradicate a disease whose causes are deep and long standing, sometimes going back to ancestry and almost certainly based on the whole of the patient's individual life.

If, what we have said is true, another prop goes out from under would-be-young—but, alas! ever-growing-old humanity. But, no! Here comes the famous Metchnikoff, of the Pasteur Institute, holding aloft a really good elixir vitæ, at least, he says it is. This truly great investigator has been studying arteriosclerosis for a long time, and four years ago, published a book telling all about it. In brief, he would have the man remain vigorous indefinitely and the woman young and beautiful, likewise, all by the regular absorption of milk prepared with yoghourt, the Bulgarian ferment, or, more simply, by the use of pure culture bouillons of lactic-acid-begetting germs. Behold, for eight years he has used these latter himself and stands a noble example.

Seriouly, it was astonishing how the people went mad over the idea. And into the coffers of the wise and shrewd in the manufacturing world, gold poured steadily. And the whole matter (or is it matter?) comes about because either that we have a big intestine or that, having one, it is infested with elaborate toxins which are sure to bring us to an untimely grave. And don't you see that the artificial germs are to be turned loose on the habitat of the intestine and do him to death? Very simple. Perhaps, also, it may seem logical from some standpoints, and, approached by some paths. He certainly thinks he's right, for he puts this intestinal auto-intoxication first among the causes for premature age and death, syphilis and the gout—rheumatism disorders are secondary.

Intestinal auto-intoxication—that's what it is. And when you come to think of it, it does mean something. You know lots of people whose whole life is embittered because they are not having a bowel movement daily and naturally. You know a very few people who have two quick, easy stools regularly every day and their lives are all sunshine. Fact, isn't it? And there you have the premise from which Metchnikoff draws quite logically his conclusions. Seems as if it would be better if there were only a hiatus where the colon is and excretions could make a quick exit, just as they are formed. That might offer a field for usefulness for the much studied and butchered appendix. Still, most everything grows old—trees, mountains, even birds (they have no large intestine), the wonderful "one hoss shay," all these things grow old and disintegrate, and they are not burdened or blessed with that extra (is it eight feet?) colon. There must be something else, and our good and great Metchnikoff must look farther—a second Ponce de Leon, seeking a supply for a fountain of perpetual youth. He has yet to prove that man is other than a complicated machine, plus a species of automatic internal system of repairs and subject to the universal law of limited existence.

Drifting away from Metchnikoff and his theories, "Spectator," as the correspondent signs himself, acknowledges our ignorance of much concerned in the question of relative intellectual vigor in advancing years. Here is one of his thoughts: Take two men similar to physique and social status. One takes life just as he finds it—does not contract vices, but eats, drinks, smokes, etc., lives just as happens, while the other is prudent in all his habits —yet the first man may live up into the eighties, while the second ends up badly and dies early. Why is it? Well, it may be that they, independently of their mode of life, have protoplasm rated at different values. If the first man has a protoplasmic value of 80 per cent., and the second, a value of 60 per cent., of course, the first one will last longer.

Then, too, a man's intellectual vigor in old age depends to a great extent on his cardiac vigor and the permeability of his cerebral senses. That is to say, that a heart unaffected by disease or toxicity and cerebral vessels similarly clear, are going to give good service. That is obvious.

There is another element to be considered, and that is use. We know men, so do you, who are over eighty, yet clear, concise, logical thinkers. Conversely, we know men, and so do you, who are under seventy, who cannot think logically or reason

intelligently, and here we find the difference between mental activity and mental stagnation.

Lastly, is that element of which we have had something to say in these columns—optimism. Metchnikoff's first book he entitled "Essay on Optimistic Philosophy;" the second, "Optimistic Essays." Mantegazza, an Italian writer, has a book "Praise of Old Age," in which he says that healthy and proper-minded old men are all optimists. Here we enter a field on which volumes could be written. Many a man would be healthy and well if only he were optimistic. He's pessimistic and he is ill. Pessimism is not the normal state in either old age or youth.

Spectator concludes his letter thus: The world has only to gain by the disappearance of the peevish old men who huddle themselves before club fires and listen to themselves digest, while they impart to each other their reasons for feeling confident that the world cannot possibly last beyond Easter at the longest.

EDITORIAL BREVITIES.

Death of Dr. Charles W. Eaton, of Des Moines.

It is with heartfelt sorrow that we chronicle the death of Dr. Eaton, of Des Moines, Iowa. Dr. Eaton was one of the stalwarts of Homœopathy. If we name Hering, Holcombe, Lippe, Raue, Neidhard, and Ludlam, as of the old guard, it is eminently fitting that Dr. Eaton be numbered among them, though his was a generation later. He was an earnest, loyal member of the school, one who was ever ready to write, talk, and more than all, act for the advancement of Homœopathy. On the return from the Jamestown meeting last summer he was one of the first to promise to get members for the Institute during the present year, he setting the number of twelve as his task. At the time of his death he had already made a good commencement in this work. He was one of the genial, whole-souled people, that to meet is a charm, to know a delight, and to be associated with an inspiration. Not only Iowa, but the cause of Homœopathy everywhere will suffer from his loss.

Selection of Meeting Place.

Article IX, Section 9, of the By-Laws of the American Institute of Homœopathy, provides that invitations for the place of meeting shall be forwarded to the Executive Committee ninety days previous to the meeting, whereupon the committee shall investigate as to facilities and all other necessary information and report same to the Institute.

At the last meeting a resolution was passed enabling the Executive Committee to change the place of meeting if they did not like the one selected by the Institute.

It would seem to us that had the rule been carried by the Executive Committee last year, and we believe that it never has been since the revision of the constitution and by-laws, and the investigation made and reported as provided for previous to the meeting, much of the uncertainty that has been caused as to this year's meeting place would have been avoided. We do not recall that any report was made by the committee previous to the last meeting as to either Oklahoma City or Hot Springs, the two places sending in invitations. Instead of the committee doing this, it was left entirely to the promulgators of each place to present their claims and the matter left to the vote of the Institute. The Institute voted for Oklahoma City, and the Executive Committee using its prerogative changed it to Kansas City, giving the very reasons the by-laws sought to obviate and would have obviated had they been carried out. Further, the circular letter issued by the committee stated that invitations had been received from Hot Springs, Pittsburg, the State of Pennsylvania, Los Angeles and Detroit. Why these places should have taken on such a sudden desire to have the Institute is not stated, they, with the exception of Hot Springs were not in evidence either last year or the year before.

If the Executive Committee is to investigate each place from which invitations have been received, it would seem to us that this investigation should be a thorough one, there should be no hear-say about it; we get the hear-say on the floor of the Institute and in the documents, oftentimes voluminous, presented along with the invitation. If the article of the by-laws is not sufficiently mandatory to attain its object, we would advocate that it be made so by further amendment. The work of over six months of the present year was interfered with and even now there is uncertainty as to whether it is going to pay to attend. We can assure our readers, however, once for all, that this uncertainty need not exist, for the meeting in Kansas City will be a record breaker in attendance, and what is more important at this time, in the accessions of new members.

Unanimous Club Dinner.

From press reports and other sources we learn that the Unanimous Club Dinner held at the Hotel Manhattan on the evening of February 26, was one of the greatest successes in the history of the club. Of course, Commissioner E. H. Porter presided, and made a Rooseveltian speech. Dr. J. B. Garrison, the poet laureate of the club, gave its history in alleged poetry, ending with the "Unanimous Song." About fifty-six were present; among those from out-of-town, and guests, were Drs. King and Swampsted, of Washington; Goodell, of Frederick, Md.; McClelland, of Pittsburg; Hooker, of Hartford; Bellows, Rice and Clancy Richardson, of Boston; Roberts, of New Rochelle; Trotter and Keith, of Yonkers; T. Franklin Smith and Rabe, of New York; Baily, of Atlantic City; Chief Wilkie, of Washington, of the U. S. Secret Service, and others.

The best of stories were told. "Swampy" sang a song, and letters of regret were read. The Temple Quartette furnished the mucis.

A Step Toward Homœopathy.

We present in this issue of the Medical Century the entire lecture of Professor Huchard, of the Ecole de Medicine, of Paris, from which numerous extracts have appeared in the homœopathic press for several months. It is a remarkable lecture and one that will repay a careful reading. Professor Huchard has taken a long step our way and, doubtless, if he is spared, will approach still nearer. We have in our ranks worse Homœopaths than he is.

Editor's Table.

GENERAL NOTES.

Notice.

It has always been the policy of the Medical Century to insist on a prompt payment of the subscription, believing that if a thing was worth having it was worth paying for. Consequently we have not been a very great sufferer from a long delinquent list. There are some, however, that we have carried along, and have always been perfectly willing to do so, when there was any excuse for it. The Post Office Department, however, has made a ruling that prevents our carrying an unpaid subscription on our books longer than four months. If we do this we will have to charge our patrons for the extra postage that it will take, or else cut them off altogether. We do not want to lose a single one of our subscribers. We believe that it is just as easy to pay for the subscription at the beginning of the time as at the end, and thus save the subscriber the annoyance of repeated bills and ourselves a large amount of postage. Therefore, *all you delinquents,* please send your subscription to us this month. This is the *limit.*

Dr. E. C. Sawyer, of Marion, Ohio, is extensively touring the South. We understand that he has quite regained his health.

Dr. O. K. Richardson, of Minneapolis, announces a change of office to the Donaldson building in that city.

Messrs. Boericke & Runyon, of New York, announce a Manual of Practical Obstetrics in press, by Dr. Frederick W. Hamlin, of N. Y. Dr. Hamlin is thoroughly qualified to produce such a work, which is really needed, and we shall be glad to welcome the same.

Dr. Hugh M. Beebe has been appointed a member on the Sidney, Ohio, Board of Health.

Dr. F. S. Barnard, of Los Angeles, of the California State Examining Board, shows in the Pacific Coast Journal of Homœopathy the need of examining boards, and illustrates it with examples in his own subject, which appears to be gynæcology. The doctor's questions were practical, and the answers showed lack of knowledge. Nearly all of them referred to treatment, and yet that board would not ask for the treatment of a case of typhoid fever, that to them, for the protection of the people, is of less importance than the details of a surgical operation for a complete laceration of the perineum.

Dr. S. Porter Tuttle, of Grand Rapids, Mich., expects to spend the coming year in post-graduate work in the various medical centres of the United States and Europe. The doctor is one of the most popular physicians of Grand Rapids, with a large clientele.

The announcement has recently been made of the resignation last November of Dr. A. B. Norton from the chair of ophthalmology in the New York Homœopathic Medical College and Hospital. We trust that this is not so. Dr. Norton stands at the very forefront of his specialty in our profession, and the New York College can ill afford to lose the services of so distinguished an ophthalmologist and teacher. His experience in this branch is not equalled by any one in our school.

The Massachusetts State Homœopathic Society meets in Boston, Wednesday, April 8th.

Of all the London Hospitals, the London Homœopathic Hospital had the smallest mortality in 1906, being 5.9 per cent.. The next best was St. George's Hospital with a mortality of 7.3 per cent., while at the end stands the Children's Hospital with a mortality of 17.2 per cent. Even some allopaths over here say Homœopathy is good for children!

The many friends of Dr. A. C. Cowpedthwaite, of Chicago, will be pleased to hear that his health is some better, after an illness for the past year. He contemplates a year's vacation in the northwest coast, in Portland, Or., and Butte, Mont. Dr. A. R. Macdonald is looking after his profession and business.

Cleveland Homœopathic College is to have a clinical week and practitioners' course, beginning Monday, May 4th, and ending Friday, May 8th. Drs. J. M. Lee, of Rochester, and C. M. Boger, of Parkersburg, W. Va., are to be present, and take part in the work. The course is absolutely free of charge, and we believe a large attendance will be present. Send to the college for a copy of the shedule.

The New Jersey Homœopathic Society meets at Princeton Inn, Princeton, N. J., May 5th. A large attendance is expected.

Dr. Curtis A. Wherry, formerly of Ogden, Utah, is now in Salt Lake City. Dr. Wherry has just returned from a six months' post-graduate course in New York, where he did special work in surgery. Salt Lake City is fortunate in having a man in our school who is able to do major surgery, and we feel sure Dr. Wherry will make a success in his new field.

Perhaps one of the swellest residences and offices in the State of Ohio is that of Dr. G. R. Bissell, of Columbus, located at 1324 Main St.

The Hahnemannian Monthly for March contains a paper by Dr. Alfred Wanstall, of Baltimore, with replies by Drs. R. S. Copeland and Edward Fornias, of Philadelphia, followed in turn by a rejoinder to

each by Dr. Wanstall. It is all very excellent reading until the last is reached; driven to the post the rejoinder is for the most part made up of the wanderings of a hypnogagic cerebration, that we must confess is too deep for us. It is plainly a case of the play not being worth the candle.

Dr. A. A. Cotton, of Vermillion, South Dakota, has been elected president of the South Dakota Board of Medical Examiners.

The Missouri law says there shall be no discrimination between the schools. The present State board of health stands five allopaths, one eclectic, and one Homœopath. Still there are those who complain of "discrimination." The law further says that five members of the board must sign a certificate to make it legal. And the board has decided that four affirmative votes will revoke a certificate. Hence, it appears that the eclectic and the homœopathic members are useless appendages to that august body. [Am. Med. Jour.]

A physician in Aschaffenburg, Germany, was imprisoned and fined for pharmacologic ignorance in prescribing too large a dose of medicine for a child. Pharmacologic and therapeutic ignorance goes all right with the New York Board of Medical Examiners. The child died in the Aschaffenburg case.

Dr. Henry C. Aldrich announces the removal of his offices to suite 401-3 in the new Donaldson building, Nicollet Ave and Seventh street. Minneapolis.

PACIFIC COAST NOTES.

Northern California is the place for young up-to-date Homœopaths.

It is a most remarkable fact, that, from a commercial point of view, there is more money to be made in a shorter space of time in cities ranging from 2,000 to 10,000 people, within a radius of 150 miles of San Francisco, than anywhere else in America. The fees are very much higher, the opportunities are greater, and as far as climate is concerned, it is superb.

Take, for instance, Vallejo, Cal. (only two lady Homœopaths, both making money), with its Navy Yard Mare Island. All the way from 2,500 to 10,000 people, according to number of vessels.

Fresno, with its gorgeous climate and opportunities, 15,000 population (only two Homœopaths, both rich). Bakersfield, in oil district, 8,000 (one Homœopath).

If a young man likes a country practice, Northern California is the place, no ice, snow, or other disagreeable features, elegant climate and immense opportunities. Consult with Mr. J. Baalman, president Hahnemann Pharmacy, 1219 Sutter St.

San Jose, California, a small city fifty miles from San Francisco, is considered the best homœopathic town in America. It has about forty homœopathic M. D's. One physician has two assistant M. D's.

On the first of April two of the largest office buildings, destroyed during the fire and reconstructed, will again be opened, the Butler building and the Union Square building.

Drs. Breyfogle, Bryant and Tomlinson will move to the Union Square building.

Drs. Minaker, Goss, Haskell, Glover and Wells will move to the Butler building.

There are about 500 to 700 rat catchers engaged by the Federal authorities in San Francisco. Every drug store is compelled to sell rat poison, but not a single case of plague can be found, except in a high attenuation on the rats and in the newspapers.

CLEVELAND NOTES.

After more than forty years of straight, homœopathic practice of medicine, Orrin D. Childs died March 1st at his home in Akron, O. There was absolutely no compromise on the question of Homœopathy in his work. He was built along the Hering-Dunham-Farrington line. He graduated in 1867 from the Cleveland Homœopathic Medical College, going to Akron, where he remained all his life. During his practice there, he built up a reputation for himself, which left nothing to be desired. He did not make a great stir in the world, his work being altogether that of a steady, thorough, painstaking doctor who seeks results rather than display. And all his colleagues respected him as a man whose word was good as gold and whose beliefs were the result of conscientious study. Akron has been the better for his having been there and his peculiar niche will be hard to wholly fill.

Dr. and Mrs. W. H. Phillips accompanied the Cleveland Grays, the crack military organization of that city, on their annual pilgrimage this year. They were gone about three weeks, and included Cuba in their itinerary. The party was made up of about one hundred and fifty persons, being made up of a lot of congenial spirits in addition to those in the Grays. On the course of their trip, stops were made at all the principal southern cities and at all they were royally entertained. A special train was used and retained for the entire trip.

Both the doctor and his wife look much the better for their outing.

A letter from Dr. N. T. B. Nobles proves that he is having the time of his life. The doctor sailed with his family early in January for the old world. After making several stops for sight seeing, he finally reached Dresden, where he has since stayed, taking work in all the surgical clinics. He reports Dresden a wonderful city for these clinics, much better than he had anticipated. He is expecting to leave there for Vienna about the first of April. From Vienna he goes to Berne, Switzerland, where he will attend Kocher's goitre clinic.

Dr. H. F. Biggar, of Cleveland, has returned home from the South. The doctor has been away since early in the winter, having been the guest of friends who are spending the winter in the South. He looks as though the outing has done him good, he seems to be getting younger every day. He is now ready to start in in earnest on his duties as president of the Surgical and Gynæcological Society of the American Institute. He will surely make a great showing at Kansas City in June.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

At a meeting of the Kansas City Homœopathic Society held the last week in February, Dr. W. J. Gates, chairman of the committee on local managements for the American Institute meeting, announced the following committees:

Reception, Drs. J. L. Alexander, Maclay Lyon, C. S. Elliott, T. H. Hudson, Emil Theilman, Sam Anderson, T. C. Soule, J. T. Davis, J. T. Boland, A. H. Starcke, W. W. Adams, C. E. Allen, Elizabeth Enz, Caroline Putnam, Luella Rummel.

Entertainment, Frank Elliott, W. E. Cramer, H. E. Young, G. W. Smith.

Finance, A. H. Baldwin, W. A. Forster, W. E. Cramer, Clay E. Coburn, P. F. Peet, J. L. R. Marsh, M. T. Runnels, W. A. Connell.

Press, J. M. Patterson, J. V. Lynn, Lewis P. Crutcher.

Hotels, W. D. Foster, Chas. Ott, J. M. Patterson, J. V. Lynn.

Meissen, Mrs. J. M. Patterson.

On a vote of the society Dr. Gates was authorized to negotiate with the prospective exhibitors.

The financial committee reports that already there is enough money in sight to defray all expenses, and there are several precincts yet to be heard from.

The Coates House, located at Tenth street and Broadway, was chosen for headquarters, and the sessions will be held in the new Casino adjoining this hotel.

The Baltimore Hotel annex is being rushed to completion, and will be ready for guests by May 1st. The Savoy is a gentlemen's hotel, with first class appointments. The Densmore is considered a seclusive family hotel, well located on a quiet street. The Kupper is a small, but first class institution, located in the heart of the shopping district. The Sexton is at Twelfth and Main, and is new throughout. The Washington is a family hotel at Twelfth and Washington. There are, of course, a number of smaller hoteds where one may be cared for at reasonable rates.

All of the hotels mentioned are within easy walking distance from the Coates House and Casino.

WASHINGTON NOTES.

BY E. F. SAPPINGTON, M. D., WASHINGTON, D. C.

The regular monthly meeting of the Washington Homœopathic Medical Society was held at the Hotel Shoreham, Tuesday evening, March 3d, at 8:15 o'clock. The meeting was called to order by the President, Dr. Dennison.

The Secretary read the minutes of the previous meeting, which were approved.

Scientific session program:

"The Value of Physical Exercise in the Treatment of Disease," Dr. McConnell.

"Some Medical Experiences With the Alaskan Natives," Dr. Sappington.

A number of the members took an active part in the discussion, which followed the reading of the papers.

Dr. Sonneschmidt, one of the pioneers in Homœopathy in the District of Columbia, died at his home here, February 28th.

The doctor came to Washington more than forty years ago. He was one of the organizers of the Homœopathic Medical Society, and was also actively interested in the Homœopathic Hospital of this city for a number of years.

OBITUARY.

Dr. R. J. Gibbons.

Frankfort, Ind., December 13, 1907, æt. 65. St. Louis Homœopathic College, 1875.

Dr. W. D. King.

Pittsburg, Pa., February 14, 1908, æt. 47. Hahnemann Medical College, Philadelphia, 1884.

Dr. O. D. Childs.

Akron, O., March 2, 1908, æt. 67. Cleveland Homœopathic College, 1867. Dr. Childs was one of the best known homœopathic physicians of Ohio, one who had a most extensive patronage. He was a most successful prescriber, a thorough student of materia medica and a delightful gentleman.

Dr. Arthur C. Green.

Los Angeles, Cal., November 21, æt. 51. Homœopathic Department, University of Iowa, 1880.

Dr. Vesta D. Miller.

Needham, Mass., February 25, æt. 64. Boston University Sshool of Medicine, 1891.

Dr. A. F. F. Ferguson.

Lansing, Mich., February 23, æt. 60. Michigan Homœopathic College, Lansing, 1872.

Dr. Lucy H. A. Brown.

Providence, R. I., February 14, æt. 66. Cleveland Homœopathic College, 1882.

Dr. Henry C. Wood

Westchester, Pa., February 12, æt. 63. Hahnemann Medical College, Philadelphia, 1867.

Dr. F. C. Hammond.

Montello, Mass., January 27, æt. 37. Boston University School of Medicine, 1893.

Dr. M. M. Dodge.

Tacoma, Wash., February 22, æt. 66. Hahnemann Medical College, Chicago, 1872.

Dr. C. O. Goodwin.

Worcester, Mass., February 17, æt. 59. Boston University School of Medicine, 1877.

Dr. Mathilda J. Lyons.

Cadiz, Ohio, February 15, æt. 61. Homœopathic Department, University of Michigan, 1887.

Dr. J. E. Barbour.

Bristol, Ind., February 17, æt. 61. Cleveland Homœopathic College, 1878.

Dr. George F. Coutant.

Lasalle, Ill., March 3d, æt. 69. Hahnemann Medical College, Philadelphia, 1872.

Dr. E. H. Lathrop.

Hastings, Mich., March 7th, æt. 69. Cleveland Homœopathic College, 1881.

Dr. Charles F. Zimmerman.

Braddock Heights, Md., March 5th, æt. 56. Chicago Homœopathic College, 1885.

Dr. Nelson Hunting.

Albany, N. Y., December 22, 1907, æt. 70. New York Homœopathic College, 1869.

Noted Deaths.

Among allopaths for the month past are: Prof. von Esmarch, the noted German military surgeon, at the age of 85; Dr. D. B. St. John Roosa, the liberal minded ear specialist, of New York City, at the age of 61.

CLINIC WEEK AT THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

The faculty of this college are planning to hold a "clinic week" for its alumni, students and friends. The closing week of the session has been chosen, commencement exercises and the annual banquet terminating the programme.

Drs. J. M. Lee, of Rochester, N. Y., and C. M. Boger, of Parkersburg, W. Va., are to be the principal attractions, both being too well-known to the profession to need introductions.

The course is a free one and the faculty will cordially welcome all who can find it convenient to attend. The monthly meeting of the Cleveland Homœopathic Medical Society occurs on Wednesday evening of that week; the officers join with the faculty in their invitation. The course in detail is as follows:

Monday, May 4. 11 A. M. College, Opening Exercises. Address, T. S. Dunlap, Prof. of Medical Jurisprudence. Remarks by the president, G. J. Jones, and Dean Geo. H. Quay. 2-3 P. M. College, Nose and Throat Clinic, Prof. G. H. Quay. 3-4 P. M. College, Dermatological Clinic, Prof. G. W. Spencer.

Tuesday, May 5. 9-12 A. M. City Hospital, General Medical Clinic, Profs. G. J. Jones and A. B. Schneider. 2-3 P. M. College, Lecture, Prof. H. H. Baxter. 3-4 P. M. College, Materia Medica, Prof. A. L. Waltz.

Wednesday, May 6. 9-12 A. M. College, Laboratory Work: Anatomical, Prof. B. B. Kimmel; Histological, Prof. C. M. Thurston; Physiological, Prof. G. W. Spencer; Chemical, Prof. Israel Matteson. 2-4 P. M. College, Surgical Clinic, Prof. H. L. Frost.

Thursday, May 7. 9-10:30 A. M. College, Materia Medica, Dr. C. M. Boger. 10:30-12:30 A. M. College, Gynæcological Clinic, Profs. J. C. Wood and P. B. Roper. 2-4 P. M. College, Medical Clinic, Prof. E. O. Adams.

Friday, May 8. 8:30-10 A. M. City Hospital, Eye and Ear Clinic, Prof. W. H. Phillips. 10-12 A. M. City Hospital, Surgical Clinic, Dr. J. M. Lee. 2-3 P. M. College, Lecture on Clinic, Eye and Ear, Prof. W. A. Phillips. 3-4 P. M. College, Lecture, Obstetrics, Prof. L. E. Siemon. Evening, Graduation and Banquet.

SPECIAL ANNOUNCEMENT.

Arrangements are now practically completed for the fifty-third annual meeting of the Illinois Homœopathic Medical Association to be held at Chicago, May 12th, 13th, 14th, and 15th, 1908. The first three days will be at the Sherman House, which is to be association headquarters and where a special rate is offered to visiting members and their families. The first two days will be the Illinois Association alone and the last two will be a joint meeting with the Wisconsin Society, which will come to Chicago after a two days' meeting in Milwaukee. On the evening of the second day there will be a surgical clinic at Cook County Hospital, given by the homœopathic members of the staff. A special feature of the second day will be an address by the director of the child study department of the Chicago public schools.

On the third day the bureaux of Materia Medica and Clinical Medicine, of the Wisconsin and Illinois societies will present a joint report and Doctor Royal S. Copeland, president of the American Institute, will speak on The Relation of Homœopathy of the "New Thought in Medicine." In the evening there will be a public meeting in Handel Hall, where Doctor Copeland will deliver an address entitled What is Homœopathy? The entire fourth day will be spent at Hahnemann Medical College and Hospital, where the members of both societies are invited to clinics in every department and luncheon will be served by the college.

Arrangements have been made with the Garrick Theatre whereby members can procure tickets at one-third less than the regular rate for any performance during the week. This theatre is only a few doors from our headquarters. More detailed information can be procured by addressing the secretary.

Burton Haseltine, M. D.,
100 State St., Chicago.

Examining Board Meetings in April.

Arizona, Phœnix, April 6.
Arkansas, Little Rock, April 14.
California, San Francisco, April 7.
Colorado, Denver, April 7.
District of Columbia, Washington, April 14.
Florida (allopathic), Ocala, April 13.
Idaho, Boise, April 7.
Illinois, Chicago, April
Kentucky, Louisville, April 28.
Minnesota, St. Paul, April 7.
Missouri, St. Louis and Kansas City, April 7.
Montana, Helena, April 7.
North Dakota, Grand Forks, April 7.
Rhode Island, Providence, April 2.
Utah, Salt Lake, April 6.
West Virginia, Parkersburg, April 14.

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Obstetrics.

CONTRACTED PELVES.*

Their Diagnosis and Management in Labor.

GILBERT FITZPATRICK, M. D.,

Attending Obstetrician Cook County and Hahnemann Hospital—Associate Professor Obstetrics Hahnemann Medical College, Chicago, Ill.

Introduction.

Frequency.

8 to 10 per cent. of all pregnancies in U. S.

Classification.

Without change of shape.
With change of shape.
Justo-minor and Simple Flat, most common in America.

Description.

Diagnosis.

Appearance, History, Symptoms.

Mensuration.

Pelvimetry, Cephalometry.

Prognosis.

Treatment.

In recognized minor degrees of Contraction:
1—Induction.
2—Elective Cæsarean Section.
3—Delay until labor—then
(a) Spontaneous.
(b) Version.
(c) Axis Traction Forceps.
(d) Cæsarean Section.
(e) Symphysiotomy or Hebatomy.
(f) Craniotomy.

Treatment—Continued—In unrecognized minor and recognized major contractions:
First Degree—C. V. 10 to 8.75 C. M.
Second Degree—C. V. 8.75 to 7.50 C. M.
Third Degree—C. V? 7.50 to 5 C. M.
Fourth Degree—C. V? 5 C. M. and less.

Consideration—

(a) Version.
(b) Axis Traction Forceps.
(c) Cæsarean Section.
(d) Symphysiotomy.
(e) Hebatomy.
(f) Craniotomy.

As the mechanism of labor is the grand climax in the tragedy of birth, it must be apparent how essential a scientific knowledge of the pelvis is to the life of the actors.

The fate of the woman and child entrusted to his care is intimately associated with the physician's thorough understanding of the relation of the passenger to the passage, for the foundation of obstetrics lies in a distinct knowledge of the anatomy of the pelvis.

Litzmann considered a pelvis deformed when it is shortened in one or more of its diameters to such an extent as to materially affect the mechanism of labor, but without necessarily retarding the birth of the child.

The first anatomical description of an abnormal pelvis was given during the latter part of the 16th century by Arantius, but his dicsovery created very little effect upon the obstetrical art, for the old view of the separation of the pubic bones during delivery was still held and promulgated by many of the best teachers and writers of the times.

Knowledge of the subject advanced very slowly and it was during the latter part of the 17th century, when the younger Chamberlain applied forceps in a recognized contracted pelvis, but failed to effect a delivery.

Heinrich Deventer, in 1701, was the first obstetrician to make a thorough study of the anatomy of the pelvis, yet, it was Smillie, the great English authority, who, in 1752, published a most accurate description of the pelvis, with its various measurements, and introduced the method for estimating the anter-posterior diameter, which is used to-day, although Baudelocque, in 1775, was the first to describe the external conjugate, and use the calipers for measuring the distance between certain bony points. To Levret, Stein, Naegele, Luschke, Michaelis, Litzmann, and Hodge, of America, and many others, must much credit be given for our present day knowledge of the pelvis, with its inclination, planes and diameters.

Dionis, in the first half of the 18th century, was the first to point out the relation which rachitis bears to many cases of pelvic deformity.

The pelvis presents as many variations in shape as does the skull. This is due partly to the fact that it is developed from a considerable number of bones, and partly to the varying mechanical and

*Homœopathic Medical Society, February 11, 1908.

developmental influences, to which it is subjected during the early years of life. Indeed, we may say that no two pelves are exactly alike, and that perfectly normal pelves are rarely seen, so that an accurate conception of the form and dimensions of what may be termed the normal type, can be obtained only from averages based upon the examination of numerous approximately normal pelves.

Frequency.

The frequency of pelvic deformity varies greatly in different countries, and even in various parts of the same country. In Germany and France many of the large lying-in hospitals supply valuable data, while in this country and England, very few statistics are kept.

It is a matter of general belief that in this country, deformed pelves are very rare. Lusk says that rachitis is rarely, and osteomalacia never observed among native American women.

Hirst, on the other hand, states that these diseases are not infrequently found, and that anyone practicing obstetrics is sure to meet with occasional examples.

From 1843 to 1850, Michaelis, who was Professor of Obstetrics at the University of Kiel, measured the pelves of 1,000 cases in labor. He considered the pelvis contracted in which the conjugate vera measured 8.75 centimeters or less, and found 72 cases, giving a percentage of 7.2.

Litzmann, whose standard of measurements has been adopted throughout the world, reported a second series of 1,000 cases, and considered all pelves contracted when the conjugate vera measured 9.5 centimeters or less in flat, and 10 centimeters or less in generally contracted pelves.

From this standard he found that 14.9 per cent. of his pelves were abnormal, and estimated that

In 1890, Reynolds, of Boston, reported 1.34 per cent. contracted pelves in 2,227 women, but since he measured the pelves only in those cases requiring operative interference, and left out those in which ended spontaneously, his statement must be considered as under-estimating the frequency of the condition.

Crossen, of St. Louis, reports 8 per cent. and Davis, of Philadelphia, reports 25 per cent. of contracted pelves in a little over 1,200 cases delivered under his supervision. His estimate, however, is based almost entirely upon external measurements, which gives an exaggerated idea of the frequency of the condition.

Williams, at the Johns Hopkins Hospital, measured both the external and internal pelves, and found 6.9 per cent. in 941 white, and 18.82 per cent. in 1,182 black women, making an average of 13.1 per cent. of contracted pelves in 2,123 cases. In other words, every tenth to fourteenth white and every third to fifth black woman, of the poorer classes of Baltimore, has an abnormal pelvis.

No definite percentage is obtained in Chicago, as yet, although several obstetricians are keeping accurate records.

It would appear that about 10 per cent. of the women have contracted pelves, which estimate I think rather low, considering our very large foreign population.

From statistics derived in Boston, Baltimore, and St. Louis, it would appear that deformed pelves occur in 7 or 8 per cent. of the white women of this country, and that no one can practice obstetrics without encountering a certain number of cases.

Classifications.

The classification of pelvic contractions upon a scientific basis is difficult. To the practicing obstetrician the location and degree of contraction is more important than the elucidation of the cause and its grouping.

The pelvis is contracted if any of its diameters are smaller than normal.

Normal,
- Brim—Conj., Vera, 4 to 4½ in.—10 to 11 C. M.
- Oblique Diam., 5 in.—12.5 C. M.
- Trans. Diam., $5^2/_5$ in.—13.5 C. M.
- Outlet—Anter.-post. Diam., $3^2/_5$ in.—8.5 C. M.
- Trans. Diam., $4^2/_5$ in.—11. C. M.

Classification—Adopted by Litzmann:

1. Contracted pelvis without change of shape.
   - A—Generally contracted pelvis.
   - B—Dwarf pelvis.
2. Contracted pelvis with change of shape.
   - A—Flattened pelvis.
     - A (1) Simple flat pelvis.
     - A (2) Rachitic flat pelvis.
     - A (3) Generally contracted flat pelvis.
   - B—Oblique distorted pelvis.
     - B (1) By spinal Curvature—Kypho—Scoliotic pelvis.
     - B (2) Imperfect, or abolished use of one lower limb—Coxaligo pelvis.
     - B (3) Asymmetry of sacrum—Synostotic pelvis—Naegele's pelves. Imperfect development of one Sacral Ala.
   - C—Transversely contracted pelvis—Roberts Pelvis.
     Imperfect development of both Sacral Ala.
   - D—Funnel shaped and Lumbo-Sacral Kyphotic Pelvis.
     Compressed pelvis.
     - E (1) Rachitic pelvis—Rickets developing after child is walking.
     - E (2) Osteomalacia pelvis.
   - F—Spondylalisthetic pelvis.
   - G—Pelvis narrowed by tumors—fractures and exostoses.
   - H—Fissured pelvis.

Description.

1. First class.

Generally contracted and dwarf pelves—closely resembles each other. Generally contracted occasionally met with, in small women, more rarely in normal or large women. Dwarf, as its name implies; in very small women, the bones are small and delicate; resembles child's: growth of bone ceases early, and, frequently, various bones united by cartilage instead of ossification.

2. Second class.

A—Flattened Pelvis.

Most common form of contracted pelvis; shortening of antero-posterior diameter at the brim being the characteristic sign, other diameters normal. Three sub-divisions: (1) Simple, (2) Rachitic, (3) Generally contracted Flat.

A (1) Simply Flat: No trace of rickets; carrying heavy weights; and congenital; antero-posterior at brim shortened and the oblique and transverse diameters at all levels, longer in comparison, to the conjugate vera in normal pelvis; sacrum narrow; pushed down between iliac bones.

A (2) Rachitic Flat: Attributed to rickets in infant life; conjugate diameter shortened. Transverse diameter usually increased; sacrum pushed down and forward; its vertebral bodies more displaced than its wings, so that the anterior surface is flat or even convex. Rotation of this bone on its transverse axis, caused by weight of the body, produces further tilting, which results in strong traction through the sacro-iliac ligaments on posterior portion of iliac bones—approximating these portions, and, thereby, causing anterior separation; thus it comes about that the distance between the anterior superior spines is equal to or greater than the distance between the crests; the pubic arch is considerably widened. A double promonotory is sometimes found at the junction of the first and second pieces of the sacrum.

(3) Generally Contracted Flat: May occur with or without early rickets; its principal characteristic is a shortening of all diameters with the addition of a disproportionate dimiution in the conjugate. The shortened diameter involve the entire pelvis and is not confined to the brim as in Simple and Rachitic pelves.

B—Oblique Distorted Pelves:

Consists in the division of a part of the whole pelvis towards one or the other side in such a manner that marked difference results in the respective oblique diameters—three sub-divisions.

B (1) Spinal Curvature:

To cause interference with shape of pelvis must be situated low down; rachitic scoliosis involving the lumbar vertebra most common, the sacrum deviates and the pelvis is distorted to the opposite side. The oblique diameter on same side as lumbar deflection is the longer.

B (2) Coxalgia:

Amputation, Hip Dislocation, Fractured Ilium—Healthy side of pelvis narrowed and flattened; diseased, side is hollowed and dilated. The oblique narrowing may extend to the outlet; oblique diameter, opposite side the longer.

B (3) Naegele's Pelvis:

Asymmetery of sacrum. Caused by disease, fracture, non-development in region of either sacro-iliac joint; absence of one sacral ala., distorted towards healthy side; oblique diam. of diseased side the longer.

C—Roberts' or Transversely Contracted:

Symmetrical narrowing, with compensatory antero-post. elongation, caused by synostosis of both sacro iliac joints with practical absence of both sacral ala.

D—Lumbo-Sacral Kyphotic and Funnel shaped.

D (1) Funnel shaped Pelvis is one whose internal diameters diminish from inlet to outlet not associated with any change in spinal column.

D (2) Lumbo-Sacral Kyphosis is caused by a Kyphosis of the lower part of spinal column so that the promontory moves backward and the tip forward. Result—increase of the conjugate vera at brim and a diminution of all the diameters at the outlet.

E—Compressed Pelves—Two Sub-divisions.

E (1) Rachitic Compressed Pelves: Is the result of an advanced type of rickets, when it occurs in a child after it has commenced to walk. In the rachitic flat or generally contracted flat, the child was unable to walk on account of the early manifestation. Triradiate pressure transmitted through the spinal column and femora.; result in both the sacrum and the acetabular regions being driven in and the worst form of rickety contraction results.

E (2) Osteomalacia compressed closely resembles the former. It is a result of ostitis in which the hard bones are decalcified and replaced by lamellar connective tissue, which finally passes centrally into the round granular medullary cell.

The medullary spaces and Haversian canals grow large, the bone corpuscles become shorter and smaller and in part disappear; as a result, the bones become very soft (Mollities Ossium). The promontory is driven down and forward; sacrum doubles, tip approaches the promontory, cotyloid cavities driven inwards; the ilii are thickened and folded upon themselves in such a manner as to form a groove (practically never met with in this country).

F—Spongy olisthetic:

Due to the displacement of the fifth lumbar, so that its inferior surface is in contact with anterior surface of the first sacral vertebra, caused by stretching of the lateral interarticular processes weakened by inflammation and injury.

G—Pelvis Narrowed by Tumors, Fractures and Exostoses:

May be caused by osteomata; enchondromata; fibromata; sarcomata; carcinomata; exostosis the result of inflammation and of fractures, especially when associated with dislocation.

H—Fissured:

A fissure or ununited pelvis is the result of nonunion of the pelvic bones at the pubes symphysis; usually associated with ectopia vesicæ.

Diagnosis.

It is essential that the obstetrician be able to diagnose the existence and extent of any abnormal condition before the advent of labor, that he may decide in advance upon the proper line of treatment. Generally speaking, large, well-built women are likely to have normal, and under-sized women contracted pelves, but this rule does not always hold good. The exact opposite condition may exist.

The gait of the patient should be carefully noted; a limp or some peculiar motion in walking, or the

manner in which the feet are placed upon the floor, may hint at a possible pelvic deformity.

Abnormalities of the extremities; the characteristic shape of the head, and the rosary, may indicate a rachitic pelvis. The age at which the patient learned to walk should be ascertained.

If the patient has born children she should be questioned as to the course of the previous labors, and the history of any serious difficulty should suggest the possibilty of an abnormal pelvis. It is also well-known that in moderate degrees of contraction, the first labor may be comparatively easy, while each successive one becomes more difficult. A markedly pendulous abdomen also suggests some disproportion between the child's head and the pelvis, and should be so considered until careful pelvic examination shows that such is not the case.

To summarize, the diagnosis of a contracted pelvis is made from—

1. Appearance.
2. History.
3. Symptoms.
4. Pelvimetry.

Appearance.

Suggests contracted pelvis if—

(a) Kyphosis or scoliosis is present, particularly when either occurs in the lumbar regions.
(b) Marked Lordosis, in lumbar region.
(c) Crooked or unequal legs.
(d) Enlarged junction, cartilage and rib.
(e) Pendulous abdomen.
(f) Small stature.

History.

Should be enquired into, as regards—

(1) Childbirth, i. e.:
  (a) Early rickets.
  (b) Late dentition.
  (c) Inability to walk at proper age; temporary loss of power to walk, etc.
(2) Previous labors, i. e.:
  (a) Difficult or easy.
  (b) Children born dead or alive.

Symptoms.

During pregnancy. A contracted pelvis may cause trouble early—

(1) Fundus incarcerated beneath overhanging promontory.
(2) Uterus pushed up out of pelvis by narrow brim—latter fundus falls, against wall—pendulous abdomen results.

Symptoms During Labor.

(1) Malpositions and malpresentations common.
(2) Head found free above brim at time it ought to be fixed.
(3) Labor, at first strong, either delivery, interia or rupture will follow.
(4) Labor tedious and prolonged because—
  (a) Narrow brim prevents head descending.
  (b) Malposition and malpresentation may be present.
  (c) Antiversion—prevents help from abdominal muscles.
  (d) Head does not fill lower uterine segment; membranes rupture prematurely; liquor amnii drains away early, hydrolic action of bag lost; head dilates os slowly, if it is through the brim, otherwise, there is no dilation except that which occurs as a result of the longitudinal musculature of the upper segment spending its force in contraction upon the circular musculature of the cervix and lower segment, causing effacement.

These conditions are all of value in suggesting the possibility of pelvic contractions, yet positive information can only be obtained by pelvimetry.

Pelvimetry.

Owing to the great employment of the right side of the body, the corresponding side of the pelvis is more developed than the left. Individual variations may be observed in the form, consistency and general character of the pelvic bones; in the angles which the iliac fossa forms with the walls of the pelvic basin; in the shape of the sacrum, and particularly in that of the cavity itself. In view, therefore, of the varying thickness of the pelvic bones, and especially in the degree of flaring of the ilia, accurate conclusions cannot be based upon external pelvimetry, but with the object of gaining a general idea of the shape and configuration of the pelvis, it should be followed out in every case, especially in primipara and in multipara who give a history of difficult or operative delivery. With these facts in hands, the necessity for a practical variety of internal pelvimetry is quite obvious.

The Year Book presents a new pelvimeter for measuring the conjugate vera directly, designed by Solowij. It is a scissor-shaped affair, with two blades formed so that when it is introduced, the tips rest, one on the promontory and the other on the inner upper border of the symphysis. The scale is attached near the end of the handle. The particular points of advantage in this new pelvimeter are:

1. Direct measurement of the conjugate vera.
2. Easy of application.
3. No need of an assistant.
4. No need of an anæsthetic, which is necessary when making internal measurements in some cases.
5. Applicability in all cases.

The idea is not new; it is simply applying the idea in a handy, convenient, and less complicated manner.

It is important to determine the narrowest diameter of the true pelvis, which Gaszunski calls the conjugata minima, though it may not be the conjugata vera. In estimating the true conjugata through the diagonal measurement, it is very important to know the upper and lower angles of the symphysis, or, rather, the height of the promontory. Gaszunski claims in the average case, when estimating the true conjugate by this method, a deduction of one and one-half centimeters from the conjugata diagonalis is more correct than the deduction of two centimeters.

Ehrnfest claims that both obstetricians and gen-

eral practitioners fail to measure the pelvis in the vast majority of cases, which we all know is quite true. Most writers and teachers make unjustifiable and exaggerated claims of the utility and accuracy of the various methods of pelvimetry, when, as a matter of fact, it is impossble to measure accurately any of the internal important diameters. The external diameter of Baudelocque has decreased in value by test examinations, until at the present time, as has been said, but little reliance can be placed upon it. De Lee claims the principles ennunciated by its originator are absolutely erroneous. There is no known method that will enable the examiner to determine the exact length to be subtracted from the Baudelocque, in order to obtain the conjugata vera in an individual case.

The method of estimating the true conjugate from the diagonal conjugate, which is done by introducing the first two fingers into the pelvis, as first suggested by Smillie, is faulty. If the perineum is normal, it is impossible to touch the sacral promontory with the middle finger, providing the hand and pelvis are normal. This can only be done in contracted pelves, where, of course, it is most needed.

In normally shaped pelves it is necessary to deduct from 15 to 18 millimeters from the diagonalis to obtain the true conjugate, whereas, in contracted pelves this deduction varies from zero to thirty millimeters, according to the inclination of the pelves, the width and thickness of the symphysis pubis, and also the skill and experience of the examiner.

The approximate length of the true conjugate can, therefore, only be estimated by this (Smillie) method. Again, the value of the knowledge of the approximate length of the true conjugate is somewhat nullified because it is yet imposible to accurately determine to what degree the fœtal head is able to accommodate itself to the pelvic canal by moulding. The facts remain the same, however, even though we know the approximate length of the conjugata vera, that many, many times, the parturient suffers from prolonged labor, all because the accoucheur fails to properly estimate the relation of the passenger to the passage.

Cephalometry.

Exact pelvic measurement is of little use unless some attempt be made to estimate the size of the fœtal head.

A knowledge of the size of the pelvis, the fœtal body and head, offers a sound basis for obstetrical judgment and choice of operation. If a pregnancy, in a woman with contracted pelvis, can be watched and the head of the viable fœtus measured from time to time, until it has arrived at such size as to come through the pelvic canal without injury to mother or child, Cæsarean section is necessary and premature interruption of pregnancy is placed on a scientific and exact foundation.

McDonald sought to modify the older methods of cephalometry in order to obtain one, which, with a common instrument, will give equally good results in all hands. He describes it as follows: "An ordinary pelvimeter of simple construction was taken and two rings fastened to each tip. These rings are sufficiently large to readily admit the middle and ring fingers. The knob-like tips of the pelvimeter should project about one C. M. beyond the palpating fingers.

The patient is laid on her back and the operator stands as if to palpate for the position of the head. An accurate diagnosis of the fœtal position, not only in regard to the occiput, but as to the amount of flexion of the head, is essential to success. The occiput and sinciput are located; then the fingers thrust into the rings and the knobs of the instrument approximated to these points as closely as possible. The weight of the hinge end of the pelvimeter is supported by the finger of an assistant, or may be held up by a string attached to the operator's arm or buttonhole. It is necessary that the hinge side should have free play of movement in order that one or the other tip may be depressed, if occasion requires. The tips are held firmly against the cephalic poles and the scale read. This gives occipito-frontal diameter. No deduction is required. This fact is not satisfactorily explained. The abdominal walls of a pregnant woman are very thin (usually less than 1 C. M., measured at Cæsarean section) and it may be that the exact prominences of the cephalic poles are not reached.

The size of the occipito-frontal diameter thus may be accurately measured, and in order to estimate the important engaging diameter, the biparietal, approximately 2.5 C. M., must be deducted from this measurement.

This method of estimation of size, together with the accurate pelvic measurements and Munro-Kerr's method of cephalo-pelvic relationship (which is as follows: Two fingers are introduced into the vagina, the other hand grasps the head with the Powlic grip, and attempts to thrust the head into the pelvis, while the two fingers in the vagina, and thumb of lower hand, feel along the pubic brim to estimate the descent and overlapping), gives a good working basis on which to determine the choice of obstetric operation, i. e., Cæsarean section, version, forceps or premature labor. The interruption of pregnancy need not be earlier than the amount of contraction requires, and the child need not be exposed to the risks of unnecessary prematurity.

With the application of these methods, induction of labor is the ideal operation in pelves with a moderate degree of contraction. Forceps, or version, according to the type of the pelvis, then may be done. Ineffectual attempts at delivery and consequent exposure to infection may be eliminated. Cæsarean section is made an operation of choice with low mortality, instead of an operation of necessity with a high mortality. The babies are allowed to reach the largest possible size before induction of labor and their mortality is consequently lowered.

Both mothers and babies are spared the traumatism, infection and mortality resultant from improperly chosen obstetrical operations and much vaginal manipulation.

The X-ray has been used to investigate the shape and size of the pelvis, but owing to the fact that one side lies much closer to the sensitive plate than the other, the nearer portion of the pelvis is enlarged out of all proportion to the opposite, thus making it impossible to use the radiograph for purposes of mensuration.

Prognosis.

Pelvic contractions occur in from 8 to 10 per cent. of all cases of labor.

In about three-quarters of these cases spontaneous delivery takes place. (von Bœnninghausen.) In the remaining one-fourth, same kind of operative interference is required.

In 1896, in the Baudelocque clinic, in Paris, 95 cases of pelvic contraction were found, with 68 spontaneous deliveries, namely, 71.5 per cent. Scanzoni, in 198 cases, 81.4 per cent. of spontaneous deliveries. Barinsky reported 267 cases of contracted pelves, with 206 spontaneous labors, or 77 per cent. Davis' figures show 80 per cent. of spontaneous deliveries in contracted pelvis.

It will be seen by the above figures that the large majority of women with contracted pelves may be delivered spontaneously.

The prognosis, with regards to the fœtus in contracted pelves, becomes more grave in proportion to the degree of contraction. The diminution of fœtal mortality in late years is due to the proportionate increase in the performance of Cæsarean section, and the scientific foundation upon which artificial labor is induced.

Treatment.

Fry, of Washington, says:

In minor degrees of pelvic contraction, discovered in the thirty-second week of pregnancy, modern obstetric practice points out three lines of treatment.

1. The induction of premature labor.
2. Elective Cæsarean section.
3. Delay until labor has demonstrated the resources of nature, then,
   a. Spontaneous delivery.
   b. Version.
   c. Axis traction forceps.
   d. Cæsarean section.
   e. Symphysiotomy or pubiotomy.
   f. Craniotomy.

First, the Induction of Premature Labor.

There was a slight increase of the danger to the mother, and a very material risk to the infant by this method, the earlier interference was required, the greater the risk to the infant, therefore, the indications for inducing labor were not justified before the completion of the thirty-sixth week of pregnancy, unless the mother had previously given birth to very big babies. Beginning at the thirty-second week, the case should be tested weekly to see that the head could be pressed down into the inlet (Munro-Kerr's method). If it could be carried on this way to the thirty-sixth or thirty-seventh week, labor might be induced. If engagement could not be made successful before that time, it was not, as a rule, a proper case for the induction of labor. Whether labor had been induced or was spontaneous, the case should be conducted along such lines that the patient would be in a favorable condition for Cæsarean section, should it prove advisable.

Few examination should be made, and these with the most rigid aseptic precautions. In case moulding and engagement has occurred and the conditions give promise of a successful forcep delivery, the woman should be placed in the Walcher position and the instruments employed. If failure resulted and the efforts at artificial delivery had not been protracted, and if the woman be in good condition, abdominal section may still be advisable. If, on the other hand, the woman should show signs of exhaustion, and if the efforts at forceps delivery has been prolonged, the course of action must be guided by the condition of the infant. If its life has been seriously jeopardized, or if destroyed, craniotomy would be indicated. If the heart sounds of the infant be good and there was hope of saving it, a symphysiotomy or pubiotomy would be called for.

If artificial labor be induced the paramount etiological factors should be maternal.

Premature children have not the same resistance to disease and have a greater mortality than those born at full term. Karb, in a study of fifty cases, divided them into two classes: First, patients in whom pregnancy was interrupted for conditions threatening the life of the mother; in this class there was an infantile mortality of 70.9 per cent. Second, patients with small pelves; in this class of the infantile mortality, was 53.4 per cent. Kleinwachter states, that following induced labor for pelvic deformity; 78.3 per cent. of the children were born alive, only 60.4 per cent. left the hospital in good condition.

Voorhees, of New York City, states that in Sloane Maternity Hospital, after induction of labor, 21 per cent. of the babies were still-born and only 70 per cent. were discharged from the hospital in good condition. Norris also found that in 30 cases of induced labor for lesser degree of pelvic contraction, 7 infants died.

Therefore, it may be seen that taking all cases of induced labor, there is a very high primary mortality among the infants. It is obvious, however, that the nearer the approach to term the greater is the prospect of life for the uninjured infant. Ostrell has shown that among infants of fair size there is no such great mortality. He studied 1,542 cases of prematurely born babies at the Prague maternity, and accepts 44 C. M. as the minimum length and 2,000 grams as the minimum weight of these children under discussion. He states that he was unable to find that they showed less resisting power during their later life than children born at term and that the morbidity and mortality among them during infancy is not materially higher than those among ordinary children.

If it be possible to allow the fœtus to reach a good size, its hope of survival is correspondingly increased.

In view of these statements, we may conclude that the period in gestation at which to induce labor must be determined by the scientific methods described, and that perrogative opinions not based upon the principles of cephalo-pelvic relationship have no place in that department of obstetrics which deals with the induction and management of labor and delivery.

Second, Elective Cæsarean Section.

When the disproportion between the diameters of the fœtal head and the mother's pelvis was decided, and the head could not be forced into the inlet by pressure under chloroform, a chance of a successful delivery by the natural passages was so small that Cæsarean section should be performed at a period shortly anticipating full term. The best results of the operation were obtained in these cases. If the os be patulous, no trouble would be met with from deficient drainage; if not, it may be dilated from above downwards and a gauze drain inserted. Others might prefer, under the latter circumstances, to wait long enough for labor pains to effect some dilation.

Third, Delay Until Labor Had Demonstrated the Resources of Nature.

This course would be pursued when the disproportion was not great, and there was good ground to hope for delivery by the natural passages.

A. Spontaneous Delivery.

In the most favorable cases spontaneous delivery would take place. In minor degrees of pelvic contraction it had occurred in two-thirds of the cases. Moulding, engagement, and descent of the head with good labor pains held out promise of a success.

B and C. Version and High Forceps.

If failure resulted, version and axis-traction were held in reserve. Interference by either of these methods should not be attempted unless there was every reason to expect a successful issue. Failure jeopardized the chances of a subsequent abdominal section. In deciding between version and high forceps the choice would be guided by the experience of the individual operator. Version was contra-indicated in the justo-minor pelvis, as a rule. Some obstetricians performed version if the head be movable above the inlet and high forceps operation, if engaged. Personally, the author (Fry) believed it was obsolete practice to perform version or high forceps in any case where a test of labor pains failed to engage the head, and if it could not be forced through the brim with the patient under chloroform. This statement would be challenged by some obstetricians whose opinions were colored by the teachings of the Dublin and Edinburg schools.

D. Cæsarean Section.

The indications for delivery by Cæsarean section should cover cases of minor degrees of pelvic contraction, where a few hours of labor pains demonstrated the inability of nature to mould and engage the head. This indication should be extended to embrace those border line cases in which the conjugate vera was even as much or more than 8.5 C. M. for the justo-minor, and 9 C. M. for the simple contracted pelvis. Inability to force the head through the inlet under chloroform should be recognized as a justification for the operation, regardless of the degree of contraction.

E. Symphysiotomy or Pubiotomy.

The objections to these methods of delivery were the tedious and painful after-treatment and retarded convalescence. Complications met with were tearing of the anterior vaginal wall, œdema or hæmatoma of the vulva, foul smelling discharges, fever and septic phlebitis. Symphysiotomy and Pubiotomy would, however, remain useful expedients when one was forced to resort to one or the other in preference to craniotomy upon a living child. When the woman had been exhausted by prolonged labor, by manipulations, by the use of forceps, and when the parts were contused and lacerated, the woman was probably infected, nothing else remained to be done.

An indication for selecting symphysiotomy or pubiotomy might also be recognized when the facilities were not at hand for performing Cæsarean section.

F. Craniotomy.

The indications recognized for performing craniotomy were after prolonged labor or failure of version or forceps, and the infant was dead or dying. The diminution of the true conjugate must not be below the limits of an absolute indication for Cæsarean section.

Treatment Continued.

The major degrees of pelvic deformity, including those cases of minor contractions not discovered until full term or after labor has set in, may be treated according to the degree of contraction.

First Degree—C. V. 4 to 3½ in., 10 to 8¾ C. M.

Prophylactic version, or leave head to mould and apply axis traction forceps; prophylactic version in flat and high forceps in generally contracted pelves is the rule.

Second Degree—C. V. 3½ to 3 in., 8¾ to 7½ C. M.

Symphysiotomy or pubiotomy, Cæsarean section; craniotomy.

Third Degree—C. V. 3 to 2 in., 7½ to 5 C. M.

Cæsarean section or craniotomy.

Fourth Degree—C. V. below 2 in., 5 C. M.

Absolute indications for Cæsarean section; perforation even on a mutilated fœtus is too dangerous an operation to be undertaken, on the other hand, not room enough in which to work.

Consideration.

A. Version.

Conditions necessary for podalic version:

1. A perfect understanding of the position.
2. Careful pelvic measurements; conjugate vera measurement large enough for delivery.
3. Complete dilatation of the os—the back of waters intact or very recently broken.
4. A living child with possibility of delivering same alive.
5. Unengaged head.

6. Deep anæsthesia.
7. Proper position of patient.
8. Catheterize urinary bladder; empty rectum.

Crockett, in Peterson's Obstetrics, 1907, quotes Kerr, of Glasgow, as follows: "Version in cases of contracted pelves with conjugata vera between 7.5 (3 in.) and 8.5 C. M. ($3^2/_5$ in.) gave a fœtal mortality of 65 per cent., with conjugate of 8.5 ($3^2/_5$ in.) to 9.5 C. M. ($3^4/_5$ in.), 28 per cent mortality, while, with high forceps delivery after head was well moulded, under the same measurements the fœtal mortality was 50 and 13 per cent., respectively. These figures are given because they are contrary to the generally accepted idea that version is safer than forceps in cases of flattened pelves.

Contra Indications for Podalic Version.

1. In primipara, or when the cervix is tense and non-dilatable.
2. When the uterus is in a tetanic spasm around the child; sack of waters broken and liquor amnii long time escaped.
3. When the presenting part has become so firmly wedged into the pelvic inlet that undue force is necessary to dislodge it.
4. For a dead child; craniotomy is less of a shock to the mother.
5. At full term in contracted pelves, when the conjugate vera is less than $3^2/_5$ in., or 8.5 C. M.

B. High Forceps.

Reed, of Chicago, says pelvic contraction of itself is not an indication for forceps, but, on the contrary, since the moulding of the head occurs under the influence of the pains, though tedious, is frequently satisfactory.

But since the contracted pelvis causes great crushing of the soft parts and serious jamming together of the fœtal skull, it is sometimes necessary to apply forceps in behalf of the child.

Walcher's position is decidedly useful where temporary enlargement of the conjugata vera is an advantage.

The weight of the unsupported lower limbs is transmitted through the ilio-femoral structures, thereby causing downward rotation of the innominate pelvis at the sacro-iliac joint; this movement increases the antero-posterior diameter about 1 C. M. With axis traction forceps applied to a head engaged in the superior straight, this increase in the obstetrical diameter is quite obvious.

High forceps in the last twenty cases operated by Fry at the Columbia Hospital, Washington, produced seven dead infants, a fœtal mortality of 35 per cent., which must be considered excessive—about one in four babies delivered with high forceps is born dead.

C. Cæsarean Section.

Bandler says Cæsarean section was originally done only for absolute obstacles, such as a very contracted pelvis, or tumors, which would not even permit of extraction with perforation. Then the indications became relative and Cæsarean section was done to avoid perforation. It was done in neglected transverse presentation with a living child, to save a child in case of severe eclampsia, to extract the child when the mother was moribund, and in many cases of contracted pelvis. Cæsarean section now has more extended indications among which might be mentioned the following: (1) Atresia of the vagina. (2) Carcinoma of the cervix. (3) In primipara, where, through advanced age or other causes, the birth canal was undilatable, or where the child could not be delivered without deep laceration and destruction of tissues, even though the pelvis and the head were normal. (4) Wherever rapid delivery meant saving of the child. (5) Eclampsia. (6) Some cases of placenta prævia centralis. (7) Justo-minor pelvis. (8) Flattened rachitic pelvis. Cæsarean section was considered by many to be often more advisable than either high forceps or version, as could be seen from the fact that it was frequently done in cases where the C. V. was from 8 up to 9½ C. M., with an external conjugate from 17-20½. Therefore, to-day the classical Cæsarean section was very frequently done to avoid the dangers consequent on the application of forceps to a head not engaged in the pelvic brim, or, more especially, to avoid the dangers consequent on version.

It is well known that Cæsarean section has but little mortality, save in patients who have had many examinations and ineffectual attempts at delivery by forceps or other means and who have become infected during these attempts.

The operation of election under aseptic surroundings and in the hands of skilled obstetricians gives a mortality under 5 per cent., but, when done as a last resort and the uterus already infected, the mortality is high, 50 per cent. and over.

In the operation of election there should be no fœtal mortality; but with a protracted first stage, combined with efforts at removal through the natural channel a variable per cent. of the children will be delivered dead or succumb shortly after.

D. Symphysiotomy and Hebatomy.

Lewis, in the February number, 1908, Surgery, Gynæcology and Obstetrics, says Sarwey collected statistics comparing hebatomy, symphysiotomy, Cæsarean section and premature artificial labor with the following results:

Hebatomy, 120 cases, maternal mortality, 2.5 per cent.

Symphysiotomy, 210 cases, maternal mortality, 12.8 per cent.

Cæsarean section, 207 cases, maternal mortality, 6.3 per cent.

Artificial premature labor, 2,200 cases, maternal mortality, 1.4 per cent.

Rubinat's collection of 136 symphysiotomy gave maternal mortality 2 per cent., fœtal mortality 14 per cent. After giving a historical resume of pubiotomy from the time of its conception by Gigli, in 1893, the technique and dangers, Lewis summarizes, as follows:

Relatively few cases of pubiotomy were done up to the last four or five years, when Doederlein introduced his subcutaneous method.

The results, as regards the death of the mother,

are about twice as good for symphysiotomy, but we must bear in mind that most surgical results have been better in the past five years than in the preceding ten years.

On the other hand, the future of any pelvic widening operation is not bright. The Cæsarean section mortality is falling year by year and that operation will take the place of both symphysiotomy and hebatomy, especially where we have the assurance of sepsis. As time goes on the operative decision in pelves of a minor contraction will lie between Cæsarean section and induction of artificial labor and in major contractions, Cæsarean section and perforation.

E. Craniotomy.

The science of obstetrics is so far advanced today that craniotomy upon a living child is rarely justifiable, but if the physician has not the skill and be unable to secure the necessary assistance for the performance of some life-giving operation, then he should not stand upon principle and lose both mother and child.

A conjugate of 6.2 C. M. (2½ in.) is the lowest limit for craniotomy. The maternal mortality is given at 11 per cent. of the fœtal, of course, is nil.

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OBSTETRICS AND GYNÆCOLOGY---THEN AND NOW.

BY A. M. CUSHING, M. D., SPRINGFIELD, MASS.

Mr. President:—I was pleasantly surprised when I received a letter from Dr. Spencer, chairman of this bureau, asking me to write a paper to read here to-day. Two years ago I received an injury, which, for a little time, threatened to prove fatal, and since that time I have felt that the profession considered me laid upon a shelf. For two or three months I have felt an inclination to get down, and the doctor's letter furnished a stepping stone. I love to meet homœopathic doctors, for I am a firm believer in Homœopathy. Fifty-five years ago I made my first homœopathic prescription, curing a case of chronic headaches, and during the fifty-five years since, I have not written one prescription to go to drug store to be filled with medicines for a patient to use internally or externally, even for a little whisky for drunkards' wives. This may show my faith in Homœopathy.

As to obstetrics. I have had a long, large and interesting experience. My first teacher was Dr. Dixi Crosby, of Dartmouth Medical College. He was a wonderful teacher; not oratorical or technical. He taught us what we would find; what we would have to do; and how to do it. He was a strong advocate of instruments, and I think he was the first to use them in that vicinity, as Dr. Benjamin Muzzey, an older and popular doctor called them "Crosby's Eel Tongs." My next was Dr. Charles A. Lee, of Vermont Medical College. He was a lecturer in five medical colleges, and was a technical teacher. My next was Dr. Meigs, of the Jefferson Medical College, of Philadelphia. At that time he was the leading lecturer and author in this country, if not in the world. His lectures were very interesting and instructive. My next was that fine old gentleman and teacher, Dr. Isaac M. Ward, of the old Homœopathic Medical College of Pennsylvania. He was also a strong advocate of instruments. He was also a powerful advocate of homœopathic remedies. He said there is a strange but wonderful power in attenuated remedies, but I advise you to "begin with the third decimal attenuation, so if you get aggravations, they will not be as severe or long-lasting." "Study your Materia Medica, and as you learn you will go up."

Now, after such a combination of opinons, from such eminent teachers and fifty years of large and interesting experience, I have formed some opinions that differ somewhat from those sometimes expressed by others. As to instruments, I am strongly in their favor in every lingering or doubtful case, especially if there is any fear of an unpleasant termination. Instead of increasing pain, they relieve the mother of a large amount of pain, shorten the time and relieve the uterus of severe contractions; the patient is less exhausted and recovers more quickly, and not one particle of danger from the instruments. A physician with a perfect knowledge of the anatomy of the head and a long finger (and a doctor with a short stubby finger can never make a good obstetrician) can readily detect the position and, if wrong, with the finger and vectis easily change it. I have no record of the number of times I have used them, but, judging from the large number of cases I have attended, and the frequency with which I have used them, it should be about one hundred times, and not the least injury to mother or child from their use, and I have never had one case of metritis or peritonitis or other serious trouble to follow, which I think speaks well for the forceps. Many of the instruments on the market are not fit to use—too thick, taking up too much room; too broad at the base, angles too acute.

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*Read before the Homœopathic Medical Society of Western Massachusetts, March 18th, 1908.

As to position. I long ago abandoned the position on the back for that on the side. In the back position the limbs separated, the transverse muscles are made tense, preventing the relaxation of others. On the side the mother is more comfortable, is near to you. On the side, with the limbs considerably flexed, a small pillow between the knees, giving room to swing the instruments between the limbs, if necessary; with one hand you can manage the forceps, when adjusted, and with the flat of the other hand can perfectly protect the perineum.

As to the bandage. Use it, if you wish, but do not let it come above the pubes. When I was in Lynn I had a large obstetrical practice. I was called in consultation in such cases by all the homœopathic physicians in that vicinity, and by a number of the old school, and many of the cases were instrumental. So large was my practice I was led to believe I might attend to fifteen hundred cases, and hoped to do so without the death of a mother, but I had two disappointments, one never to be forgotten. On account of sickness in my family I was obliged to leave Lynn when I had reached about one thousand cases only, and since then one mother has died. She came home from the country feeling well, but badly bloated with "Bright's disease," was confined before morning with twins, not fifteen minutes apart, and died in a few hours in convulsions.

To show that these cases need not always prove fatal I will give a little experience. When I was in Lynn, an old school doctor came to me and said he had been asked to attend a case of confinement that had Bright's disease; was badly bloated and would die. He had lost his own wife in a similar way and no money would hire him to attend that one, and had advised them to call me. I did not thank him, and hoped they would not take his advice. Some days later I was asked to call and make the lady,s acquaintance and promised to call in the afternoon. At noon I was called in haste and found her in convulsions. I remained with her till she could tell me her symptoms, and her sickness was not due for ten days. I went home, and if I ever studied a case, it was that one, for I had never lost a case. I took for my guide the works of my old teacher, Dr. Constantine Hering, but the more I studied the more I was puzzled, for the remedy he would recommend I had never given in such a case, not even thought of, and I had never given such high attenuations in as serious a case. I gave her Arnica 200. attenuation, and the improvement was remarkable. Ten days later she was confined without one unpleasant symptom. But the same remedy is not always indicated.

A little later I was called to a patient eight months pregnant, so badly bloated, especially about the genitals, she could not sit. Bryonia was indicated, and I gave it high, and nearly one month later she was delivered of a dead child and made a fine recovery.

One more case and different. I was called to a patient that expected to be confined in a few days. She was so badly bloated and had such a heart trouble she could not lie down, had to sit all the time. Cactus seemed to be the remedy and it gave relief, but the case was so desperate I decided to bring on labor, which I did, but she could not lie down, so I placed her on a sofa, an attendant on either side to support her, slightly reclining, and on my knees on the floor I delivered a dead child, and she made a fine recovery. If I had then known the wonderful virtues of Phaseolus nana it would have relieved me of much anxiety.

I think that all of that remedy that is on the market is made in tincture. I think it much better if the first three or four attenuations are made by trituration.

Gynæcology.

Having expressed a few unfinished thoughts on surgery, I crave a few minutes to outline a few on gynæcology. This, I believe, includes all diseases of the female genital organs, but I shall mention only one, leucorrhœa, and that is not a disease, but a symptom of a disturbed nervous system, and the greater the disturbance the more profuse the flow, sent out to warn you of existing trouble, like tears washing dust from the eye.

There are three nervous centres of the human body, the brain, the epigastric and pelvic regions, and any nervous excitement affects that most easily affected, naturally, the pelvic and the uterus shed tears of mucus. This is one of the most easily cured disturbances we are called upon to treat, if you take the totality of symptoms, of cause and effect. I have seen many a recent case permanently cured without examination or application, by one prescription of the appropriate remedy, and quite a number who had endured the burning and washing treatment for two years or more, constantly growing worse, cured by two or three prescriptions of the indicated remedy. Stopping this discharge by astringent measures does not cure the disease any more than a dam across the river stops the flow of the spring on the mountain side. This warning destroyed, if the disease cannot find some organ inclined, by heredity, to cancer or tuberculosis, especially of the lungs, goes to the next most easily excited organ, the brain, and insanity is the result.

Some forty years ago local treatment became so obnoxious, there was a call for female physicians. This, at first, was considered a harmless "fad." I was present at the meeting of the American Institute of Homœopathy, in Boston, forty-one years ago, when the first female physician, Dr. Mercy B. Jackson, of Boston, was admitted midst great excitement. During the discussion, one well-known Western doctor became so excited his false teeth would not stay in place, which produced a burst of profanity. This was an unexpected innovation into fertile fields, and the male physicians jumped into the arena and waved a red flag on which was written, "Women cannot practice medicine; they have not the strength; they have not the nerve; they will collapse at the first serious case. We can do more and better work." The women wrote on the other side, "No, you can't." Then the bloody fight began and increased till it has become almost

a fascination. That day the practice of medicine was doomed.

I doubt if to-day one case in fifty or one hundred is treated as respectably, as gently, as surely and permanently as fifty years ago, and the membranes left in as healthy and natural condition.

I spoke of the metastitis of disease causing consumption, the great white plague destroying millions yearly, but that is only a slight cause compared with a medicine freely given, and I crave your indulgence while I refer to it. We see hundreds of feeble women (as well as men), who are trying to make new blood by taking Iron. The celebrated physician who introduced Iron into the practice of medicine said he thought he had done a wonderful thing, but experience proved it to be a fearful mistake, as he knew of nothing so liable to produce consumption as Iron; that he lost an only sister with that disease and he was sure it was caused by the use of it. To-day it is used indiscriminately, recklessly, and physicians order a substance put into the stomach that they dare not let touch the teeth. Iron or Quinine mixed with albumen form an indigestible, non-assimilating substance, robbing the system of albumen, the lubricant of the blood vessels, and inviting death.

Let us go back fifty years. Then every morning and evening could be heard the charming songs of the wild birds on our hilltops. Now those hilltops are dotted with hospitals filled to the doors, and hundreds waiting, where day and night can be heard the hollow cough of the consumptive (if they are admitted), the moanings of the cancer patient and the muttering of the insane. Much is being done in those hospitals and outside, to prevent and cure incipient cases of consumption, but there is another class that calls for help—that class that cannot enter the outer gates of those hospitals. What can be done for them? So far as I can learn, medicines form a small part of the treatment there, which I think is a mistake. To-day I can show you patients who fifteen, even twenty-five years ago, had badly ulcerated lungs, severe hæmorrhages and hope gone, restored to comfortable health, solely by the administration of the indicated remedy, following the law give to Moses in the wilderness, and the dose but a little larger; and others have done much better than I.

To-day the world comes to us on bended knees praying for help from this great glacier of disease, scarcely affected by the little boulders we throw in its path. What can we do? In the quiet of our homes we can think, first of this great avalanche of disease on the one hand, and on the other, the deluge of Iron and what I called the "Bloody-Fight," and see if they are not traveling on parallel lines and at a similar rate of speed. Can there be any connection between them?

MISTLETOE IN HÆMORRHAGE.

I have on other occasions commented on the use of mistletoe as a clinical agent in hæmorrhage. Its action in general, both upon the uterus and upon the central nervous system, is somewhat similar to that of ergot.

A French writer has made an extended experiment in the use of an aqueous extract of mistletoe, in order to determine its physiological action. Its principal influence he believes to be in reducing arterial tension. He has found it of value in all congestive hæmorrhages, and especially in the hæmorrhages of tuberculosis.

Its influence is exerted directly upon the arterial system, and it promptly controls the hæmorrhage in cases where there is a tendency to arteriosclerosis with high tension. Its influence is satisfactory because it immediately reduces the tension without producing any undesirable influence.

Of the aqueous extract, from three to five grains are administered during the course of twenty-four hours.—Ellinwood.

Homoeopathics.

DRUG ACTION---ITS RELATION TO THE OPSONIC THEORY.

CLAUDE A. BURRETT, PH. B., M. D.

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At the outset, I wish to say that I do not want to be understood as offering to you the final solution as to the "how" of drug action in an attenuated dose on the human system. Enough facts have been demonstrated, however, in the past year or two, to arouse much speculation and to suggest some interesting conclusions.

It is not necessary to go over the development of bacteriology and its relation to disease. A few years ago scientific minds felt that in this great branch of medicine the direct cause of many, if not all, diseases could or would be traced, giving bacteria the full responsibility for all the physical suffering of mankind. It may be said that the great majority of the homœopathic profession stoutly denounced this view; not because they were represented by laboratory workers who had demonstrated the fact from the germ standpoint, but because such a belief was contrary to the teaching and clinical experience of the past century.

The laboratory men worked on until, finally, they could show that a certain something in the body fluid influences the susceptibility of the body to germ diseases. That element, for the sake of a name, Dr. Wright calls opsonin. Now we have arrived at the very point of the discussion, for through the above facts it has been shown that body resistance (through this opsonin) is an important factor as a cause of disease. A person is "run down," so-called, and is liable to contract some disease, the powers of body resistance are lessened, vital force is at a low level. Such a condition finds a person having boils. After the greatest care, bacterial cultures from the discharge are grown and the germ associated with the pus is given a name. The patient's blood is tested against the bacteria and it is found that the phagocytes of

the blood are unable to destroy that particular germ in appreciable numbers—which means a low protective power of the body.

It is a well-known principle that the body cells have a tendency, when injured, to react in a reparative way. When bacteria enters the system, therefore, in the process of their development, a toxin is thrown off, which acts upon body cells in an injurious manner, the body cells, in turn, develop a protective agent which is thrown into the blood stream, having a peculiar effect upon the bacteria in such a way as to prepare them for engulfment by the phagocytes. In the case of boils, the opsonin in the blood is not sufficient to prepare all of the bacteria for destruction. In other words, the attack upon body cells by the toxins thrown off from the bacteria is not sufficient to stimulate the development of enough opsonin to be protective. It can not be said that the disease is local, because the separate lesions develop in various parts of the body.

The opsonic method of treating such a condition is to develop additional toxin from a growth of the germs taken from one of the boils and, being properly prepared, introduce it into the body. The effect will be a stimulation of the body cells to throw into the blood stream enough opsonin to prepare the bacteria for destruction by the phagocytes. The result being increased resistance of the body to protect itself from the invading germ causing the boils and a cure.

One of the greatest obstacles to overcome in the practice of medicine is to demonstrate the clinical value of a drug. The drug is given and the patient recovers, or a physician of one kind of practice appears to cure as many cases as another of a differen practice, and yet no positive demonstration can be given of how the medicine cures, excepting the fact that the patient recovers. According to this opsonic method one can determine the condition of the body resistance to the causative germ by means of the blood index. I shall not go over the technique, for it has been given so many times. I will say that the clinical picture follows the actual condition of the body resistance so closely that, by many, it is believed the actual index does not need to be taken, perhaps, more than once or twice. However, for purposes of scientific demonstration, this body resistance, as measured by the opsonic index, is of the greatest value, for it has enabled workers to demonstrate that the properly selected drug will raise the index in a similar manner.

It is a remarkable coincidence that workers in three different parts of the world, and working all independently, should report similar results bearing upon this subject.

In the Journal of the British Homœopathic Society for January, 1908, Dr. C. E. Wheeler has given the results of his experience with Phosphorus in the attenuated dose and its effect upon the body in resisting tubercle bacillus. Dr. Wheeler has worked with Prof. Wright, and work that he does in this subject should be accurate. The reading of that article will show with what detail and care he has conducted the experiments. He found that Phosphorus, in attenuated doses, would markedly increase the resistance of the body to tubercle bacillus, as demonstrated by the opsonic index. He suggests, in his conclusion, that the effect of, for example, Hepar sulphur on one of the pus germs might as well be tried.

Dr. Wheeler's conclusions were significant, for in the same month, January, 1908, The University Homœopathic Observer contained an article from the Drug Department of the University of Michigan, not upon the effect of Hepar sulphur, but of Echinacea, upon one of the common pus bacteria, staphylococcus aureus. The experiment was tried on two healthy men, especially so with reference to a tendency to skin eruptions. Their normal resistance to staphylococcus aureus was repeatedly determined by means of their blood index. Echinacea 3x was then given morning, noon, and night, and the blood tests made at regular intervals with the result of a marked increase in the opsonic index.

Again, Dr. George R. Southwick, of Boston University, in a paper on the Infinitesimal Dose in Modern Therapeutics, refers to work done by himself and Prof. Watters on the action of Natrum sulphuricum in a case of chronic diarrhœa with colon bacillus as the infecting organism. In this case the reactions were pronounced with increased opsonic index.

It should be noted that the first two experiments cited were in the nature of producing an increased resistance of the body to the germs when in health, a fact which is the more interesting because it suggests the prophylactic value of the drugs in question.

We are not ready to say that drugs influence the body cells and develop anti bodies in just the same way as do vaccines. Nor are we ready to make a positive declaration as to the final method of action of drugs on the body cells in disease. In the light of the facts thus far brought out, however, it seems reasonable to suggest that we are approaching a scientific explanation of the action of medicine on the body.

The thought arises that if the opsonic theory explains the action of drugs, how are we to explain drug action in the many diseases not known to be caused by germs. It is probable that bacteria are a factor in a great many more diseases than their presence has been identified and in those diseases not bacterial in origin there is, doubtless, a toxin of some character attacking the body cells. In turn, the reaction on the part of the body, may be aided by the remedy given for which the disease cells have an affinity.

It has been interesting to note the attitude of medical workers toward the infinitesimal dose. Koch was willing to lay aside his tuberculin treatment because the massive doses of the vaccine aggravated the cases to such an extent as to destroy the curative value. Prof. Wright decreased the dose, but was contented with the so-called "negative phase" after each dose of the opsonin given, which we know was an aggravation, and it is only until recently that it has been found that a smaller

dose will increase the index without the unpleasant aggravation. Again, since the development of the opsonic theory, Koch's tuberculin is given in minute doses with marked results. So, now a 10,000 of a milligram does not seem such a small dose after all.

The good materia medicist will at once say that if Phosphorus raises the index against tubercle bacillus, what of the indications of other drugs in that diseased condition? Reply can well be made in the language of Dr. Wheeler, "I do not recommend anyone to prescribe Phosphorus because of them, unless it is otherwise indicated, for my expectation would be that the indicated simillimum would raise the index whatever drug that turned out to be." The writer would add that, if the same germ, through its toxic action on the body, can produce various symptoms, those symptoms, by the very principle of opsonic cure, must be met by a drug capable of producing those peculiar symptoms.

In conclusion, it may be said that it has been found by experiment, 1st, that there is in the blood serum a substance known as opsonin, which acts as an index to body resistance to germ disease. 2d. That the opsonic index increases as the disease is thrown off. 3d. That the opsonic index may be increased by "homologous opsinogen" (a vaccine prepared from the killed germ causing the disease and their toxins). 4th. That the opsonic index may be increased by the properly selected drug given in minute doses.

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WHAT IS THE MATTER WITH HOMŒOPATHY?

BY C. E. FISHER, M. D., CHICAGO.

Up on the Sky Line,
Altapass, N. C., March 25, 1908.

Editor Medical Century.

Last month while visiting my good friend, Dr. Orme, of Atlanta, and while discussing with his wife the times of Holcombe, Bailey and Belden, of Dake, Hardenstein and Murrell, of Schley, Falligant, and other notable pioneers of Homœopathy in the South, and the absence of activity and earnestness in its interests and cause to-day, I was pathetically asked:

"Dr. Fisher, what is the matter with Homœopathy, anyway?"

The next day, while visiting a good old lady of eighty-two years, at Athens, whose husband, father and two brothers had been conscientious and successful homœopathic physicians for a combined period of near two hundred years, and who had been born, nurtured and reared in the faith, and, who now in the closing years of her eventful life, is hardly able to find a homœopathic doctor outside the large cities, and even there, but few who practiced as did her husband, father and brothers, most appealingly inquired of me:

"What is the matter with Homœopathy, these days, Dr. Fisher?" "It isn't as it used to be," she said. "Then, when a physician called himself a Homœopath, we knew what to depend upon, but now it makes little difference what he professes to be—the treatment isn't the same."

A week later I spent the night with a physician friend in New York, and in discussing men and things-homœopathic in general, out blurted the question:

"What is the matter with Homœopathy now-a-days? It isn't as it was in the days of Gram and Gray, nor even in the days of Dowling, Helmuth, Allen, Hallock and the rest!"

Two days later I was in Chicago, and in going over the work and personnel of the profession of that great once homœopathic city, my warm friend, Dr. Bailey, for so many years registrar of Hahnemann Medical College, when the classes numbered from two hundred and fifty to three hundred, quietly remarked:

"It isn't as it once was, Fisher, with us. Things have changed. We haven't the old interest, the old enthusiasm, the old loyalty, any more. We haven't the preceptors, with their sons and daughters as students, and with the sons and daughters of their patients as students. Things have changed. Something seems to be the matter. What is it?"

An hour later a specialist in Chicago, in rambling conversation, in asking me how things are in my part of the vineyard, voiced almost exactly the same sentiments in almost exactly the same words.

Two days later I was in Minneapolis—you see I have been "going some" lately—and within ten minutes after having set foot among the doctors in their splendid offices in the magnificent city of the Great Northwest, there came the same inquiry:

"Fisher, you travel about a great deal and see things everywhere. What is the matter with Homœopathy over the country?"

Three days later I was in Washington, and no less a personage than the venerable, versatile, homœopathically virtuous and vigorous J. B. Gregg Custis, in commenting with me on the fact that last year I was compelled to employ eleven young physicians, at $100.00 per month, board and horse-feed for each, and had not been able to get even one Homœopath among the lot, because they were not to be had in Virginia and North Carolina, almost indictingly inquired:

"What's the matter with Homœopathy down your way?"

And thus it is!

From Georgia to New York, from New York to Chicago, from Chicago to Minneapolis, from Minneapolis to Washington, all over, everywhere, by everybody.

"What's the Matter With Homœopathy?"

What is my answer!

Nothing's the matter with Homœopathy!

It's all right, first, last and all the time.

Its law is just as true to-day as in Hahnemann's day.

Its dosage is just as effective now as it ever was.

Its precedents are just as meritorious as they were.

Its results at the bedside are just as satisfactory as in the days of Boenninghausen and Jahr.

Homœopathy as Homœopathy is all right!

But the You, and the We, and the Us of it are at fault.

Just a little comparison, if you will!

Every old school journal we pick up pronounces that the "profession is over-crowded."

Is it so with Homœopathy?

My friends, Drs. Bailey and Aldrich and Custis, will probably answer in the affirmative, in so far as our cities are concerned.

Perhaps 'tis so there. But is it true elsewhere than in the large cities of the country? I am painfully able to answer in the negative.

For instance:

In my railroad hospital work in Western Maryland, forty miles east of Cumberland, I was altogether unable to secure the services of a single homœopathic assistant, but for two years was compelled to employ and work with physicians of the old school only.

Next, in my railroad work in Virginia, with a seventy-two bed hospital and eight young physicians "riding the line" of one hundred and eight miles of tidewater railroad our company was building, I was wholly unable to secure the services of a single Homœopath; and in my hospital, besides the eight physicians employed on my line work, I enjoyed a very profitable and pleasant association with a staff of five old school physicians, all of whom gratefully accepted my appointments as a compliment, and all of whom rendered me most valuable surgical assistance during my two years of hospital residence and work at East Radford. I was even unable to secure the services of a homœopathic surgical interne at this hospital, although I communicated with several hospitals in the North and East upon the subject.

Next, and last, in the hospital service I was called upon to establish in the Blue Ridge Mountains of North Carolina last May, while the hospital in Virginia was still in full operation, I have had to employ at different times seven allopathic physicians and have been able to get but one young Homœopath, he from Chicago, from the Chicago Homœopathic and Cook County Hospital, and the crudest prescriber I have had on my lists, though from splendid homœopathic stock.

So something must be the matter, in some way, or these situations would not exist.

Take the South, for example!

It was once a mighty stronghold for Homœopathy—the home and field of a dozen giant defenders and promulgators of the faith, men who literally fought, bled, and at times all but died for the glory of their cause. In the frightful cholera epidemic of 1866, these men did not proclaim their Homœopathy good for all the ailments of mankind and womankind—except cholera, yellow fever, diphtheria, and other severe diseases! They waded right in, conscious of the value and power of their guiding principles, and equally confident of the power and value of their tiny little doses of the little white pills, which were the rule those days, and they placed the banner of a straight Homœopathy high on the ramparts as their frightful epidemics were conquered.

When yellow fever, that most dreaded of all the scourges of those days, laid his foul hand upon the fair women and the gallant men of their land they faltered not, nor submissively crept on their bellies to some laboratory door-step and whiningly begged for succor of toxins and the hypodermic, but courageously went forth, by day and by night, where death lurked in every nook and cranny and crevice, where the deadly culex stung and bit and attacked indiscriminately, and whose relation to the battle was not dreamed of, and with their little white pellets bombarded the citadels of the enemy and came off more than victorious.

With them it was not that "Homœopathy is good enough for women and children, but when you come to the epidemics we must have something stronger!"

"Die Milde Macht ist Gross," was their dosage slogan.

"Similia, Similibus Curantur," was their battle cry.

And they won victories the like of which we today wot naught of.

The "Matter" lies with us.

We are of "little faith."

That the old school has made progress within a quarter of a century that is little short of marvellous is not to be gainsaid.

Nevertheless, it is just as true that Homœopathy outwits it at the bedside as it ever was, and he who sticks to his text need have no fear.

I speak this advisedly.

Not before, in my thirty years of previous experience, had I the chance to compare homœopathic treatment with allopathic, by personal contact and immediateness of observation, as since I have been in my present work.

All my associates and employees have been allopaths.

All of them have been bright men.

Never were there congregated better practitioners or sharper fellows for their years than two-thirds of the "boys" I have been employing.

They have been from the Richmond and other Virginia schools, for the most part, and I want to testify to the thoroughness of the teaching they have had in all the elementary and essential branches, except in therapeutics, and I can even here testify that of their kind that, too, has been excellent.

My hospital staff, also, has been made up of splendid physicians and able surgeons, one with thirty years' experience and two others with five years each, in fields that gave them large and varied opportunity, and in everything surgical I have found them the peers of men of their age and experience in any section of the country.

In the matter of medication, we have spent thousands upon thousands of dollars for the drugs they have been taught to use, not denying them in the least; but, as these have been shipped out to the hospital to their headquarters and to the various camps over which they have presided, there have been included a few homœopathic polychrests with simple directions in staple conditions, and I am glad to be able to state that in nearly every instance I have found these young men sending in in requisitions, more and more, for the homœopathic medicines.

To such an extent is this true that we now carry a far smaller supply of old school drugs than formerly, and a correspondingly larger lot of my own.

I have not attempted proselyting, in the least.

My library has been open in the hospital office, and I have interestedly watched and noted the interest they have shown in our work on practice.

This interest was at first that of the antagonist, not of the skeptic, next of the inquirer in some case that was not getting along well, and lastly of the doctor who had found results and wanted to know more about something, which in college had always been proclaimed a delusion and a snare.

One of my young men is now "almost persuaded," and speaks of taking a course in a homœopathic college. Another uses more of homœopathic medicines than of his own, and still a third frankly admits that he gets results from some of the homœopathic remedies than he does from any that he has heretofore employed.

Not alone, however, have I this evidence to offer.

In my own work, among men of all nationalities, of whom we had twenty-one of different nations at one time, I have invariably found the straight homœopathic drug the best of all, always in the one-remedy-at-a-time, and in the medium potencies, in all the severer diseases, as typhoid fever, tunnel pneumonia, acute dysentery, and the sepses that all too often follow infection before my surgical cases can be brought to me.

In more than one exceedingly violent or long-drawn case of typhoid or of pneumonia I have yielded to suggestions from my old school colleagues and have interpolated drug stimulants or have used adjuvants, but always to my regret; and as invariably as I have come back to the homœopathic similimum have I been rewarded with better success.

The rather unusual courtesy which has been shown me by old school physicians in strictly old school territory, with almost everything savoring of prejudice and intolerance, has caused me to try to be equally courteous and tolerant, and I have attempted to avoid forcing Homœopathy upon them. But is a pleasure and of some value, I hope, to be able to state that their tolerance of a homœopathic physician has led them to be somewhat tolerant of his methods, and more than once have I either prescribed for them or directed them in prescribing for others, the result being that I look upon this mission-field as an exceedingly inviting one for tactful and capable homœopathic physicians.

The bitter prejudices that existed when first I went South, thirty-five years ago, when medical arguments had often to be sustained at the muzzle of a gun, have largely died out. Times and men have changed. Old school medication has changed. No longer can the allopath sneer at or decry infinitesimals. Only "heroic medication," massive dosage, quantities almost elephantine in size, and crude things of exceeding nauseating capabilities were looked upon as of value then. But the gentle influences of Homœopathy were all the time subtley at work, and latterly the laboratory has taught the old school to be tolerant, to see strength in small things, to recoguize that potency doesn't mean sledges, crowbars and mauls.

The Time is Propitious for Homœopathy.

What are we going to do about it?

We need ten thousand more homœopathic doctors to-day.

Isn't this an exaggeration? Emphatically, "No!"

Every town, village, hamlet and crossroads need them.

They are needed everywhere, especially throughout the South.

Take Virginia alone!

Richmond, with 125,000, a beautiful city, progressive, historical, commercial, attractive! We have just lost Dr. Stone and Dr. Taber, by death. Each had a splendid practice, each was well-beloved, each was a Homœopath, in deed and in truth. Who will take their places?

True, there are others there, including two or three rather exceptionally good young men, but who will follow Taber and Stone? The others were already there.

Take Roanoke! A beautiful and growing city of thirty-five thousand, the headquarters for the Norfolk and Western Railway, one of the great trunk lines of the South, with but one homœopathic doctor. The people are courteous, tolerant, fair. There are a great many Northerners among them. The city has good schools, fine churches, and a great many attractions. What like city in the North has but one Homœopath?

What is true of Roanoke is true of its rivals—Lynchburg and Danville.

Likewise of other cities.

Norfolk is better represented; but with its promising future and with Portsmouth and Suffolk and Old Port Comfort and Newport News right at hand, there should be in the district named, at least, two score of homœopathic doctors, and there would be in any like territory and population in the North or West.

As all over Virginia, so all over the South. There are splendid towns of from two thousand to ten thousand, with country populations of from ten thousand to fifty thousand dealing with them, without a single homœopathic doctor, sometimes not one within a radius of two hundred miles or more.

In these towns and counties the people have been drugged under the crudest old school methods until they are full of "tough nuts" that homœopathic antidotes will cure. A certain clannishness of

friendship, marriage and intermarriage, political, social and church relationship exists, quite a bit more than is usual in the North and West; but it needs but a few good results among them to set the prairies on fire, as it were. The fields are here, and they are almost ripe for the harvest.

Who will come among us and do these people good?

We need in the South more Holcombes and Ormes; more Dakes and Falligants; more Murrells and Baileys; more Beldens and Tabers; more Stones and Tydemanns—just as you of the North need more Grays and Grams; more Helmuths and Allens; more Dowlings and Ludlams; more Mitchells and Williamsons; more Joslyns and Pultes.

Homœopathy is just the same.

Homœopathy is "all right."

Homœopathy is just as good to-day as it ever was, and it is just as much better to-day than the very best old school treatment that has yet been given us, than it was better in those pioneers' years than was the blunderbuss methods of their time.

The fault lies in us.

It is lethargy, indifference to our pathy, preoccupation with the whirling business affairs of the times in which we live, a neglect to make students as formerly and train them for college in the good old homœopathic way, so they will not be contaminated by the allopathic tommyrot of which some of our colleges teach all too much.

If we will but awaken to a sense of the mighty responsibilities that rest upon our careless heads and yielding shoulders.

If we will but take advantage of the splendid opportunities which a crowded old school profession and a Homœopathy-needing public now offer.

If we will but vaccinate our systems with the enthusiasm and zeal which characterized our predecessors of pioneer times, the great field of uncultivated territory will yield our profession a splendid harvest of glory and coin, and Homœopathy will prosper as before.

It is not my aim to speak in platitudes.

To deal in hyperbole.

To offer volubility of words with a paucity of ideas.

But to present in a feeble way a plain truth as I am made to see it in getting about over the world, perhaps, more than the average physician.

I see the need of thousands more of honestly homœopathic physicians.

I see that the people want and will employ them.

I see that not alone the pioneers who are passing away, but the pioneer public, who know what Homœopathy was, and believe they know what it should be to-day, recognize our decadence in zeal and effort and want an awakening.

Would it not be worth the while for each homœopathic physician to try to send to our colleges, or to those of them that by their curricula show that they are trying honestly to teach Homœopathy as a scientific and creditable method of practice, at least, one student each year for the next ten years?

I speak for no college!

I speak for no selfish interest!

I speak for the general public!

I speak for the vacant fields everywhere to be seen.

I believe I speak the truth!

Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

THE METALS.

Mercurius	Solubilis, Vivus, Biniodide, Protoiodide, Corrosivus, Cyanatus, Cinnabaris, Dulcis	Spasmodic Symptoms: Tonic Convulsions, Clonic Convulsions, Spasmodic Vomiting, Spasmodic Coughing
Arsenicum	Album, Iodide	Depression: Mental, Physical, Assimilative, Paralysis, Paresis
Zincum	Metallicum, Valerianatum	
Argentum	Metallicum, Nitricum	
Aurum	Metallicum, Iodatum	
Ferrum	Metallicum, Phosphoricum	
Antimonium	Tartaricum, Crudum	
Plumbum Metallicum		Blood Diseases
Graphites		Bone Diseases
Stannum Metallicum		Gland Diseases
Platina		
Alumina		
Cuprum Metallicum		
Baryta Carbonica		

GENERAL ANALYSIS.

The modest writer approaches the study of the metals with becoming diffidence. They form a large and important proportion of our ganglionic centrics, and their action is so deep, so long-lasting and so intense, that their effect upon the human body may become a two-edged sword. On the one hand, they may be useful in the treatment of diseases which affect the body so radically as to threaten its destruction; on the other hand, their overuse has poisoned the system so severely that chronic disease, or even death, has been the result.

In the hands of the careful, intelligent Homœopathician, they are rarely harmful, but are often indispensable in diseases which so severely undermine the nervous system, and so pervert the nutritive value of the blood, as to threaten life by striking at the very centres of life.

They should be associated in the student's mind with such deep acting ganglionics, as Sulphur, Psorinum, Sepia, Lycopodium, the Carbon Salts, Potash Salts and the Lime Salts, in both a pathological and clinical sense.

The most striking effect of the metals, as a class, and the one upon which their pathology and symptomatology seems to rest as a foundation, is their effect upon nutrition. This effect seems to be exerted through the poisoning of nerve centres and the altered chemistry of nutrition. Hence, we find them indicated in diseases characterized by poisoned blood and lymphatics, associated with the evidences of ganglionic irritation of the gravest order, with spasmodic, paralytic and paretic symptoms. The pathology of metallic poisoning points to vital de-

pression, first, last and all the time. Symptoms of excitement or over-functional activity being transitory or deceptive, as instance, the glandular over-secretion of Mercurius, which soon decreases below the normal, or becomes unhealthy; or instance the transient flushing of the face under Ferrum, or the irritable weakness of Arsenicum.

As one effect of perverted secretion, we have the false membranes found under the Mercury Salts, a symptom present very often when the metals are indicated in acute diseases.

Exceptions to these rules will, of course, be found in cases where metals are given which are component parts of the human tissues, such prescriptions being made under the laws of biochemistry, which are not certainly homœopathic, but under the theory of atomic vibration may have to do with the laws of physics. This, however, is only theory.

Add to what has already been said, the thought that the metals almost universally produce constipation, characterized by intestinal inertia, amounting almost to paralysis, add a final thought in regard to their effect, as a class, upon the fibrous and bony tissues those of lower vitality, which repair slowly and are involved in so many chronic affections, and we have a picture of the metal diseases, which will exclude other agents and leave us only the mental task of choosing between the metals—when this ensemble is present.

With these thoughts well in hand, thoughts that will be elaborated upon, as our study proceeds, it is easy for the intelligent student to understand why the Mercuries are sheet anchors in the treatment of diphtheria and membraneous croup; why Plumbum, Alumina, Platina, and Graphites are so important in the treatment of chronic constipation; why the Iodides of Arsenicum, Aurum and Mercurius are our main dependencies in the treatment of glandular diseases, especially when chronic, or chronic diseases with lymphatic glandular complications; and why Zincum, Baryta carbonica and Stannum are so useful in the treatment of paralytic states.

The catarrhs found under the metals, while often acute, as in the Mercurius bowel troubles; the Stannum and Antimonium tartaricum chest troubles; the Arsenicum and Antimonium crudum stomach troubles; or the Mercurius and Argentum throat troubles; still present in their general features, the metal characteristics, exhibiting perverted secretions, a tendency to false membranes, a lowered vitality, with leaning towards chronicity, glandular complications and corrosive, bloody discharges, which point to a lowered vitality and a lessened reactive power. In their general systemic effect, their clinical uses and their symptomatology, the Kali Salts are so nearly allied to the metals that they should be closely associated in the student's and in the practitioner's mind in practice.

In conclusion, the student will note, as he studies this subject completely, that the noble metals, Gold and Silver and Aluminum, have a tendency to effect the noble tissues, the brain and nerves, that the humble metals, like Mercurius, affect more the humbler tissues, as the fibrous and bony structures.

With these prefatory thoughts in mind, it is hoped that the separate studies of the metals will become easier.

THE MERCURIES.

Preparations.

Solubilis—of Hahnemann.
Vivus—Quicksilver.
Bin Iodide—Red Iodide.
Proto Iodide—Yellow Iodide.
Corrosivus—Bichloride.
Cyanuret.
Cinnabaris—Sulphide.
Dulcis—Calomel.

As will be seen in the diagram, we make use of eight preparations of Mercury in practice. The general action of each is very nearly like the others, each in its action bringing out the distinctive marks of Mercurius vivus, the basic metal, the others exhibiting some greater affinity for some certain tissue or tissues, adding variety to its action. The two principal Mercuries, the Vivus and Solubilis are so much alike, that the study of one will answer all practical purposes for both.

Mercurius vivus.

Through the vegetable system this metal produces profound effects upon nutrition, chiefly by the depressing effect upon the blood and its perverting effect upon glandlar secretion. There is, at first, a slight temporary exhilaration and increase of glandular function, but this is soon followed by depression and deterioration of all secretions. Thus the saliva is profuse and fœtid, there is offensive and irritating sweat, and discharges of mucus and pus from the bowels, accompanied by great tenesmus. Through this change in the chemistry of secretion, the glands enlarge and undergo suppuration, discharging an offensive, ichorus pus.

The drug will also produce superficial ulcerations of the mucous membranes, which spread, rather than burrow, and there are brown spots on the skin and ulcers may form upon the seat of these discolorations. The drug has a selective effect upon the gums, which become soft and spongy, and separate from the teeth, which become loose and sometimes fall out, giving us a septic condition simulating scurvy. In poisonous doses, it destroys the mental power, producing a condition simulating idiocy.

The tongue swells, is coated a dirty white, and takes the imprint of the teeth, and there is a congestion of the liver, which may go on to the formation of abscesses.

The chief uses of the drug are in the treatment of syphilis, gonorrhœa, acute coryza, ophthalmia, tonsilitis, diphtheria, hepatic inflammations, diarrhœa and dysentery. Glandular complications often complicating or existing idiopathically.

Syphilis.

Mercury is, in the old school practice, the sheet anchor in the treatment of syphilis, just as the Peruvian bark is the specific in malarial manifesta-

tions. This fact forms one of the most potent arguments as to the truth of the homœopathic law, as it attacks the same tissues as syphilis and in the same way, producing ulcerations, glandular inflammations and skin troubles almost identical with those produced by syphilis, and to endeavor to describe the syphilitic symptoms characteristic of Mercurius, would be largely to describe the symptoms of a typical case of syphilis, so that in selecting the drug, one must depend largely upon the modalities present. It is generally indicated at the beginning of the disease—for the initial symptoms, the chancres, with corroding discharges and afterwards for the enlarged inguinal, cervical or tonsillar glands and the ulcerations of mucous membranes, which are superficial and exude a fœtid pus. The following characteristics, or some of them, are generally present:

1. Fœtid breath.
2. Flabby tongue, showing the imprints of the teeth.
3. Sensitiveness to cold air.
4. Easy perspiration, which does not relieve the pains.
5. Aggravation at night, from warmth of the bed and in damp weather.

Analogues---Mercurius protoiodide.

Syphilitic iritis, painless, hard chancres, with inguinal swelling.

Mercurius corrosivus.

Acute aggravated symptoms, ulcers and chancres, with thin, ichorus, corroding discharges; the pain, swelling and inflammation are of an intense character, phagadenic ulcerations.

Mercurius biniodide.

In the typical, Hunterian, hard chancre, with gland and throat symptoms.

Kali iodide.

Secondary and tertiary symptoms, after the abuse of Mercury, with glandular symptoms and aggravation in damp weather; syphilitic ozœna, with thin, watery discharge.

Aurum metallicum.

Chiefly useful in the bone symptoms of syphilis, especially following abuse of Mercury, such as syphilitic ozæna, with caries of the nasal bones—or caries of the mastoid process of the same origin. Also in exostosis or painfully sensitive bones after Mercury.

There is accompanying these symptoms the intense mental depression with suicidal tendency.

Asafœtida.

Bone ulcers after Mercury and syphilis. These ulcers are very sensitive around their edges, this sensitiveness is so extreme, that the dressings give pain and are uncomfortable.

Hepar sulphur.

Acute glandular abscesses which secrete laudable pus. Hepar is an antidote to Mercury.

Nitric acid.

After abuse of Mercury, phagadenic ulcers—ulcers are spongy and bleed easily, bright red blood—they are painful and the pains are burning in character and bear flabby, unhealthy granulations.

Phtyolacca.

Syphilitic rheumatism, aching all over the body, periosteal and glandular inflammations, after Mercury and syphilis, worse at night and in damp weather.

Dulcamara.

Salivation from Mercury, worse at every damp change.

Staphysagria.

Patients who become emaciated and hollow eyed after Mercury, the condition being constantly progressive.

Recapitulation.

As has been shown, Mercury and syphilis affect the glands, bones, fibrous tissues, skin and mucous membranes, producing many varied lesions in these tissues and the drugs that might be useful in overcoming the lesions caused by one or both of these poisons are legion, but the above are the recognized and important ones. It may be pertinently said here that most all cases of syphilis in the second and third stages, after a course of Mercurialization, will present to you such a mixture of syphilitic and Mercuric symptoms that it will be next to impossible to determine where one begins and the other ends. This being the case, it will be your task to select the drug that will be most homœopathic to the totality of the symptoms present.

Mercury

Seems to enter into loose combination with the tissues and many such cases will be cured by such drugs as have an affinity for the tissues affected. Showing that the Mercurial poison is the chief cause and that the syphilitic symptoms have been supplanted and relegated to the rear by those of Mercury. The following synopsis will serve to better group the syphilitic remedies and the antidotes to Mercury in your mind.

SYPHILITIC REMEDIES.

Mercurius vivus.

In the beginning, with constitutional symptoms and chancroids.

Mercurius bin. and Proto-iodide.

The preparations of Mercury that are most homœopathic to true syphilis with the hard, Hunterian chancre.

Mercurius corrosivus.

Violent cases, with violent symptoms, intense inflammations and swellings—phagadenic symptoms. The Aconite of the syphilitic Materia Medica.

Kali iodatum.

Chronic syphilis, with glandular symptoms.

Aurum and Asafœtida.

For the bone symptoms of syphilis.

Phytolacca.

For the rheumatic symptoms of syphilis.

ANTIDOTES TO MERCURY.

Hepar sulphur.

A general antidote to all metals.

Nitric acid.

The mucous membrane antidote.

Aurum and Asafœtida.

The bone antidotes.

Dulcamara.

The salivation antidote.

Staphysagria.

The nutrition and nervous antidote.

Kali iodatum.

The gland antidote.

Less important antidotes, Sulphur, Stillingea, Lachesis.

Gonorrhœa.

Mercurius vivus is indicated in mild cases of gonorrhœa, with yellow-green, purulent discharges, worse at night. Especially indicated when co-existing with chancroid.

The Mercurius Corrosivus

Is the more useful preparation in this disease and is indicated in severe cases with many painful symptoms; there is intense pain on urinating, watery, corroding discharge, urethral throbbing and chordee.

Analogues---Aconite.

In the beginning with sudden congestion and pain, urine passes drop by drop and there is fever.

Cannabis sativa.

Premonitory stage, with thin discharge, smarting and burning in the urethra during and after micturition. Especially in women with painful urination and secretion of muco-pus.

Cantharis.

Intense tenesmus, vesical, constant desire to urinate, passing only a few drops at a time, often mixed with blood—severe chordee. Cantharis has more tenesmus, Cannabis more burning and smarting.

Natrum muriaticum.

After it has been suppressed by injections of Nitrate of Silver, yellow pustular discharge, aching in testicles, brick dust sediment in the urine, burning and smarting in the urethra after urination.

Nitric acid.

Severe pain, swelled and painful testicles, urine very offensive (smells like horse urine), after suppression with condylomata.

Pulsatilla.

Chronic gonorrhœa or gleet, with thick, yellow, bland discharge, and the general symptoms of the drug.

Sepia.

Gleet, with what is known as the "morning tear," a drop or two staining the linen on rising in the morning.

Silicea.

Chronic cases with pustular, offensive discharges, corrosive, offensive foot sweat.

Thuya.

Thin, greenish discharge, scalding urine, big warts about the genitals, orchitis or rheumatism after suppression by injections. Other remedies that may be indicated by general characteristic symptoms are:

Sulphur, Kali bichromicum, Lycopodium, Calcarea carbonica, Hydrastis and Nux vomica.

Gonorrhœal Orchitis.

Pulsatilla, Conium, Thuya and Belladonna.

Gonorrhœal Rheumatism.

Mercurius, Thuya, Cimicifuga, Bryonia, Rhus, Mezereum, Phytolacca and Kali hydriodicum.

Gonorrhœa of Females.

Aconite, Mercurius, Pulsatilla, Sepia, Natrum muriaticum, Cannabis sativa and Cantharis.

Ophthalmia.

Mercurius is one of our most frequently used remedies in this disease; it is indicated by muco-purulent discharges, which cause soreness of the lids and ulceration. There is photophobia and intolerance of the eyes to heat and light, the pains are burning; syphilitic, gonorrhœal, and scrofulous ophthalmia, with sensitiveness to cold and aggravation during damp weather. It generally follows Belladonna.

Analogues.

Aconite, Belladonna or Arsenicum are apt to precede Mercurius in ophthalmia, being indicated by acute inflammatory symptoms, with the characteristics of the drugs. The analogues of Mercurius in catarrhal ophthalmia are as follows:

Apis mellifica.

Ophthalmia following eruptive diseases, with burning, stinging pains and œdema of the lids and relief from the application of cold water. Aggravation in evening, fore part of the night.

Allium cepa.

Acute catarrhal conjunctivitis, with bland discharge.

Euphrasia.

Acute catarrhal conjunctivitis, with excoriating discharge.

Argentum nitricum.

Purulent ophthalmia, especially of new-born babies, with profuse, thick discharge.

Bryonia.

Rheumatic iritis, with aggravation from using or moving the eyes, and conjunctival dryness.

Calcarea carbonica.

Scrofulous ophthalmia, with Calcarea characteristics (also Calcarea iodatum).

Graphites.

Scrofulous ophthalmia, with moist, sticky discharge, cracking at the canthi, skin symptoms elsewhere.

Hepar sulphur.

Suppurative ophthalmia, corneal ulcerations, with great photophobia and sensitiveness to cold air or cold applications—hypopion.

Kali bichromicum.

Chronic, indolent inflammations of the eye, with stringy secretion—deep "punched out" ulcers of the cornea.

Kali hydriodicum.

Iritis or irido-choriditis, syphilitica, pustules on cornea, no acute or very painful symptoms.

Mercurius corrosivus.

Acute, violent symptoms, high grade of inflammation, excoriating discharges causing pimples around the lids—ophthalmia neonatorum; better indicated if there is syphilitic complication, either congenital or acquired.

Natrum muriaticum.

Eye trouble after the abuse of lunar caustic, acrid, excoriating discharges, photophobia, cracking at the canthi, Natrum muriaticum, general symptoms.

Nitric acid.

Syphilitic ulcerations of the eye, after Mercury; irritating tears, easily bleeding ulcers of the cornea and conjunctiva.

Nux vomica.

Asthenopia, photophobia from retinal hyperæsthesia, neurotic and hyperæsthetic eye trouble, over use, artificial light and dissipation.

Physostigma.

Twitching of the lids (Agaricus and Hyoscyamus), with ciliary spasm; myopia, with pain after using the eyes.

Psorinum.

Ciliary blepharitis, with general characteristics of the drug.

Pulsatilla.

Catarrhal ophthalmia, with profuse flow of thick, yellow, bland mucus, tendency to the formation of styes (Staphysagria); acne on the face; gonorrhœal infantile ophthalmia. Better in the open air and other Pulsatilla characteristics.

Rhus toxicodendron.

Rheumatic ophthalmia, with general characteristics—other drugs which are indicated more by general than by local symptoms are: Sulphur, Sepia, Lycopodium, Thuya, Silicea, Spigelia, Ignatia and Hydrastis.

Tonsillitis.

Mercurius is indicated in the second stage of left sided tonsillitis, generally following Aconite or Lachesis. It is indicated when pus is forming, it hastens its formation and evacuation. The throat symptoms are great soreness of the throat, constant swallowing, and there is often swelling of the cervical or salivary glands.

Analogues.

See Belladonna.

phtheria.

The effects of Mercury, poisoning, as it does, the glandular secretions and blood, and producing a general systemic debility, with a tendency to the formation of false membrane, makes it homœopathic to many cases of diphtheria. The preparations most useful in the order of their importance are: Mercurius cyanatus, Mercurius corrosivus and the Iodides of Mercury.

Mercurius cyanatus.

Malignant cases, with extreme prostration from the start, with rapid, thready pulse (one hundred and fifty or more). The membrane forms rapidly and invades the nostrils. There is putridity of breath and secretions, salivary and cervical glands enlarge and there is excessive salivation.

Mercurius corrosivus.

High grade of inflammation, with destructive ulceration, burning pains.

Mercurius bin-iodide.

Membrane on the left tonsil, with glandular enlargement and prostration.

Mercurius proto-iodide (yellow iodide).

Yellow membrane on the right tonsil. These four Mercurial preparations all have the general Mercury characteristics. The aggravation from empty swallowing. Sweat without relief, aggravation from the heat of the bed clothes, and flabby, coated tongue—taking the imprint of the teeth.

Analogues---Kali bichromicum.

Exudation tough and firmly adherent, expectoration stringy and blood-streaked, prostration, tongue is coated yellow or dry with red streaks.

Sulphur.

Torpid, slow cases membrane on the posterior wall of the pharynx. Hot flashes and sinking spells, inflamed parts purplish, showing venous hyperæmia.

Ailanthus.

Diphtheritic scarlatina, swollen, œdematous throat.

Arsenicum.

Diphtheria, with typhoid symptoms and the general Arsenicum characteristics.

Apis mellifica.

Insidious diphtheria, extensive inflammation, with small amount of pain, pains are burning and stinging, œdema of the throat, threatened suffocation, thirstlessness, scanty urine, especially when complicated or succeeded by Bright's disease.

Arum triphyllum.

Nose stopped up, discharge of ichor from the nose, that makes the upper lip very sore.

Belladonna.

In the beginning stage only, with Belladonna symptoms.

Lachesis.

Asthenia from the start, showing symptoms of blood composition. Ecchymoses over the body, intolerance of pressure over the throat, aggravation after sleep, membrane goes from left to right, intense pain accompanies a seemingly small amount of inflammation (opposite Apis), better expectoration.

Nitric Acid.

Feeling of pricking in the throat as of a splinter, yellow streak on tonsil, excessive prostration, deep-seated local affection, with burning pain.

Hepatic Inflammation.

Under Mercury there is great soreness over the hepatic region. The patient cannot lie on the right side, the stools are slimy or clay-colored, the tongue is coated a dirty yellowish-white, is flabby and takes the imprint of the teeth,* jaundice, night aggravation, patient easily chilled, itching all over the body, especially when complicated with cystic or duodenal catarrh and gall stones.

Analogues.

Principally Aconite, Aloes, Arsenicum, Chelidonium, China, Bryonia, Chamomilla, Hydrastis, Leptandra, Lachesis, Nux vomica, Phosphorus, Podophyllum, Sulphur. See Bryonia.

Diarrhœa.

Mercurius is useful in the diarrhœa that comes on in the spring and fall when we have warm days and cool nights. The stools are watery, shiny, frothy, bilious, mucus or bloody. The greatest indication is the "intense tenesmus," with the "never get done feeling." This tenesmus comes before the stool, is present throughout the defecation, and continues after the stool, as though the rectum would try to strain out its own mucous membrane; the symptom is probably due to some swelling of the mucous membrane.

Analogues.

See Dysentery.

Dysentery.

Bloody mucus, excoriating discharges, with the intense tenesmus, patient is at stool a long time, has the "never get done feeling," and the tenesmus is as bad or worse after stool. There is a tendency to sweat, chilliness, aching pains, flabby, scalloped tongue, offensive breath and aggravation at night.

Analogues---Aconite.

At the onset of the dysentery, with the inflammatory symptoms after dry cold exposure. The stools are frequent, small and of blood and mucus, tenesmus, arterial tension, dry and thirst.

Nux vomica.

Often follows Aconite after catching cold from dry cold exposure, though it may follow intemperance in eating and drinking. Like Aconite, the stools are small and scanty and are accompanied by tenesmus, but the tenesmus is relieved temporarily by the action.

Sulphur.

Stools changeable, no two alike, blood, then mucus, then fæcal matter, etc. There is great tenesmus, relieved by the stool—odor of stool clings to the patient. Cramps in calves of legs and soles of the feet. Early morning aggravation, soreness around the anus, hot flushes, weak, gone, empty feeling.

Arsenicum album.

Rapid and sudden prostration. Emaciation, anxiety, restlessness, thirst frequent but small quantities, great tenesmus, and burning all along the alimentary canal, great prostration following the stool.

Capsicum.

Tenesmus, and the stool seems to burn the anus as it passes, thirst with shuddering after drinking. The stools are of slime and black blood.

Colocynthis.

More nervous than inflammatory symptoms, severe colic before and during stool, somewhat relieved by stool. The colic is better from doubling up, or lying upon the stomach; in short, from pressure (Magnesia phosphorica). Stools of jelly-like blood or mucus.

Mercurius corrosivus.

Like Mercurius vivus, but symptoms more violent, and there is tenesmus vesicæ, with the rectal tenesmus. With Mercurius corrosivus, rectal tenesmus greater. With Cantharis, vesical tenesmus greater.

Cantharis.

Tenesmus vesicæ and recti, with the stool which looks like meat washings, extreme case, Kali bichromicum; often follows Cantharis, bloody, jelly-like stools with stringy mucus. Greatest indication is the dry, red, smooth, cracked tongue. It looks as though it had been varnished and the varnish had cracked.

Aloes.

Stools of jelly-like mucus, covered with blood, accompanied by griping pain in the epigastric region. Gurgling in the abdomen before stool, like water running out of a bottle. Good appetite continues with the disease. Hæmorrhoidal complication.

Baptisia.

Adynamic or putrid dysentery, stool small, bad, smelling like carrion, great prostration and mental torpor.

Carbo vegetabilis.

Putrid stools with threatened collapse, feet cold to knees, dyspnœa, wants to be fanned, venous stasis, flatulence.

China.

Dysentery with periodicity, worse every other day or the same time each day, undigested stools, cold hands and feet, weak pulse, offensive stools, clammy sweat.

Veratrum album.

Great prostration, cold sweat, severe cramping pains before the actions, gastric irritability.

Ipecacuanha.

Fermented stools, look like molasses, pinching colic around the nevel, as if grasped by the hand, clean tongue, constant nausea without vomiting or not relieved by vomiting.

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*The scalloped tongue is a better indication of hepatic torpor and congestion than the character of the coating. It is a sure sign of portal stasis.

Dulcamara.

Dysenteric symptoms, following exposure to cold, damp weather.

Ferrum phosphoricum.

Biochemical remedy for dysentery. Patient flushes from sitting at stool.

IODINE.

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This agent was discovered by Courtoir, of Paris, in 1811. It was so named from iodes (violet color) on account of its vapor. It is found both in the vegetable and mineral kingdoms. Its presence has been demonstrated in every organ of the body. The thyroid contains the largest amount, the entire gland averaging 4.535 mg. In these localities where cretinism is endemic, the whole gland contains, on an average, but 1.545 mg. It is interesting to know that in those localities in which goitre is endemic there is but the smallest amount of this agent in the drinking water. It possesses marked antiseptic power and has the property of neutralizing bacterial toxines. Experiments on animals have shown that it causes great activity of the cells of the spleen and other glands without necrosis. It causes a disappearance of the eosinophilia. These observations demonstrate that its action consists in stimulating healthy reaction and not by an alteration of the poison.

When it is applied locally to the skin or mucous membrane it acts as an irritant, and, if applied frequently, is a caustic. It stains the tissues a yellowish brown color, and, combined with the albumen of the tissue, produces exfoliation of the epidermis and vesication.

When the vapor is inhaled it acts as an irritant to the air passages and through its action upon the secretions of the respiratory tract, prevents decomposition.

When small doses are introduced into the stomach it stimulates the appetite, assists the digestion, stimulates the secretions and excretions and controls nausea and, as a result, metabolism is improved and the strength is increased.

When its use is continued over a prolonged period or large doses are administered, salivation and general discomfort are produced, with colicky abdominal pains and, in certain cases, nausea and vomiting result, and anemia and emaciation occur as a result of the rapid elimination. It also enters into combination with the products of syphilitic disease, Lead and Mercury, within the system and hastens their elimination.

Excessive doses cause death by producing a severe type of gastro-enteritis, and, accompanying this condition, there are extreme pallor, irritation of the kidneys, and later, suppression of the urine and rapid and feeble heart action.

There is a certain group of symptoms to which the term iodism is applied, which is the result of the saturation of the system with this agent. They are mental depression, frontal headaches, ptyalism, a salty or metallic taste in the mouth, difficulty in swallowing, impotency, which is usually of but a temporary character, and an eruption over the face and limbs of an acne, furuncular or purpuric in form; together with these are the increased elimination and anemia and marasmus mentioned above. In those cases in which ptyalism results there has been a saturation of the system by Mercury. The Iodine simply liberating the Mercury, enables it to produce its constitutional effects.

There is possibly no remedy which has more decided action upon the whole lymphatic and glandular system than has Iodine. This action is most apparent upon the thyroid, mammæ, ovaries, testicles and mesenteric glands. Under its influence they are all, at first, stimulated to increased action, as indicated by congestion of the ovaries, together with an increased menstrual flow; the testicle and reproductive organs of the male are stimulated, as indicated by increased sexual desire; the salivary glands are stimulated, the saliva is increased, the liver is similarly affected and, as a result, the biliary secretion is increased and thus the whole glandular system is affected by it. But this condition of overstimulation is soon followed by a reaction of such magnitude that the subject becomes emaciated, as already outlined. Some patients are exceedingly sensitive to its action, so that in connection with the above symptoms, they complain of impaired vision, paresis, mental distress, muscular debility and atrophy of the glandular system and loss of sexual power. Ziemssen, writing on the subject of the changes that affect the mammary glands, under the prolonged use of excessive doses of the Iodides, says, "Cases are constantly occurring from time to time in which atrophy of the mammary gland is unquestionably an effect of the Iodine treatment."

While the type of the patient in which Iodine is indicated varies, in many cases he is what has been termed, of the scrofulous diathesis, has dark hair and eyes, is greatly emaciated and complains of profound debility. The appetite is usually good, but digestion and metabolism are so impaired that he is constantly losing flesh.

The prominent feature of its action is the power of causing absorption. As a result of its influence, the absorbents are stimulated, and adipose and glandular tissues waste away, and emaciation results. New growths, when present, are the first to be affected, while hyperplasias, swollen and deformed joints, scrofulous and syphilitic indurations, effusions and tumors come under its action.

Iodine is frequently of service in the chronic headaches of the aged and scrofulous subjects. In many of these patients there is evidence of arterial sclerosis. The patient usually gives a history of a gradual emaciation, with glandular induration and symptoms of delayed gastric and intestinal digestion and absorption. The bowels are constipated and he complains of mental depression, and finds that he is unable to carry on a line of thought without effort. The headache is worse from motion, which causes a sensation of throbbing; it is also worse when he is confined to a close, warm room.

In those cases in which degeneration of the arteries is a prominent feature, there may be present a vertigo with venous congestion. The mucous surfaces are blue and the veins are dietsnded. In the congestive vertigo of the aged it is frequently of service. It has a favorable action in certain cases of meningeal tuberculosis, but in the majority of these cases Iodoform, used internally, is of greater service.

It has a most decided action in many of the diseases of the respiratory tract. In laryngitis it has a most favorable action, both by inhalation and internally. In these cases there is frequently a sensation of tightness and constriction referred to the larynx. The mucous membrane of the larynx is dry, the cough is dry, barking and croupy in character, and there is much hoarseness. The respirations are sawing and wheezing in character. In chronic laryngitis it is also of service when there is hoarseness, with aching of the larynx and occasional paroxysms of coughing. In laryngeal tuberculosis it may be of service.

In chronic bronchitis it is frequently useful when the cough is paroxysmal and there is present a sensation of suffocation and constriction about the chest. The sputum may be frothy and blood-streaked, or profuse, purulent, and plastic, and the physical findings are characteristic of bronchorrhœa. In the broncho-pneumonia complicating measles, it is frequently indicated, and especially if there is present a latent scrofulosis or tuberculosis that is becoming active.

In pulmonary tuberculosis this remedy is frequently of service in cases that develop in cachectic, scrofulous, emaciated subjects, who complain of debility, a profound sense of weakness and dyspnœa when climbing stairs. The patient is of a delicate constitution, has a rapid heart action and gives a history of repeated bronchial and pulmonary congestions and hæmorrhages. It is also indicated in overgrown lads with contracted chest and dry cough, who are subject to spitting of blood and have cardiac palpitation. The cough in these cases is more or less severe, and the sputum may be scanty or copious. There is present, frequently, an infiltration of the cervical and bronchial glands, nocturnal sweats, extreme weakness and progressive emaciation, notwithstanding the fact that the appetite is usually good.

Not alone during the early stages of tuberculosis, but in the more advanced cases it is of service when the expectoration has become purulent. The patient complains of "taking cold" upon the slightest provocation. The great characteristics of the exacerbations is the prolonged duration of the early stage. The larynx is painful to pressure, and respirations are embarrassed and inspiration is wheezing in character. The patient is greatly emaciated, the pulse rate is quickened, a hectic type of fever is present and the digestion is impaired.

It should be studied in croupous pneumonia of scrofulous subjects, with thin, delicate skins and enlarged glands. The temperature is high, there are physical evidences of consolidation with some rales in the bronchi. There is but little or no pain, but the patient is extremely sensitive, restless and easily irritated. If not employed before, it should be remembered as a positive remedy when resolution is delayed. It is one of the remedies that has rendered some assistance in that rare, but persistent condition, fibrinous bronchitis. The patient has dark hair and eyes and is of a scrofulous type. In these cases it must be continued over a prolonged period and it must be associated with the best possible climatic, dietetic and hygienic treatment to produce results.

The curative action of this remedy in cases of goitre, bronchocele, or "Derbyshire neck," has been recognized. The type of goitre it corrects is a hypertrophy of the glandular elements. It will not affect, to any degree, scirrhous, tubercular, osseous, cartilaginous or cystic degeneration of the gland.

It should be studied in hypertrophies of all glandular structures of any portion of the body. In the swelling and infiltration that persists for a long time following parotitis in scrofulous subjects it is beneficial.

In the intractable vomiting of pregnancy, as well as in cases of nervous and hysterical vmoiting, it is frequently indicated. The vomiting is obstinate, violent and constant, and consists of the ingesta and bile. During these attacks the patient is anxious, restless, of a changeable mood. In the hysterical cases there is frequently alternate crying and laughing.

The favorable action of Iodine in many cases of arterio-sclerosis and interstitial nephritis has been noticed by all clinicians who have employed it. It has not been determined whether this action is dependent upon the vaso-dilating property of the remedy, or its power of rendering the blood more fluid and so enabling more efficient circulation to be carried on. Owing to the changes in the arteries in this condition, the arterial pressure is increased and the blood dammed back upon the heart and venous system. As a result, the tissues are supplied with a lesser quantity of blood than under normal conditions.

This is one of the few remedies that has a positive action upon the pancreas. In cases of acute pancreatitis it has proved curative, when there is pain in the region of the pancreas with nausea and vomiting and a copious flow of saliva, while the stools show undigested fat.

Under the action of this remedy congestion is relieved and the nutrition of the tissues is increased, the action of the lymphatic system is also improved, and absorption is accelerated. Through its action upon the arterioles and coronary arteries, the nutrition of the heart is likewise benefited. It is, undoubtedly, this same action which renders it so serviceable in many cases of fatty degeneration of the heart, as well as in chronic valvular disease of the heart, and especially of the aortic valve.

Its action in relieving the local pressure symptoms and neuralgic pains which attend certain cases of aneurism of the aorta, has been demonstrated by all who have administered it in those conditions.

In chronic aortitis it is of great service when there is a sensation of great weakness and exhaustion, as if the heart were wrenched and squeezed. In these cases the pulse is accelerated on every exertion. There is a hardening of the arteries, extreme emaciation, while the patient complains of great hunger.

The importance of this remedy in the management of tertiary syphilis should be borne in mind. On account of its irritating action when administered alone, it, in the past, has been found necessary to combine it with certain other agents. But experiments, both in the laboratory and clinically, have shown conclusively that there are agents with which it combines readily and that render it practically unirritating, even in quite material doses; such an agent is albumen in the preparation known as Iodalbin. In the various manifestations of tertiary syphilis this preparation renders most effectual service. Iodalbin contains about 22 per cent. of Iodine.

As stated before, it is during the tertiary stage of syphilis that this remedy is of most service, as it assists in the absorption and elimination of the morbid products. It also hastens the elimination of metallic poisons. It should be remembered in gummata and the paralysis and neuralgia that result from the pressure of ulceration and syphiloma, and all pathological conditions dependent upon such a condition.

Iodalbin gives the action of Iodine, free from any agent, that has a constitutional effect, or in any way modifies the action of the Iodine.

In the question of dosage, the author's plan is to employ the smallest dose that will accomplish the desired result, rather than a dose that reaches the physiological limit.

Gumma of the Tongue.—Mrs. H., age 35 years, complained of a growth that had been developing upon the left side of the tongue, involving its anterior portion. The new growth was dense and unyielding to the touch, there was no ulceration, but the mucous membrane had a tendency to disorganize. There was, at times, sharp pain through the tongue. The submaxillary and the cervical glands were enlarged and indurated. She reported having lost fifteen pounds in weight. The appetite was good and the digestion was normal. Iodalbin was given in two-grain doses, four times a day, and she was asked to report in one week, at which time there were indications of improvement. She stated there was less pain, and the infiltration was not so dense and unyielding. She made weekly reports, and at the end of three weeks there was a decided improvement, and she had gained five pounds in weight. At the end of the twelfth week the tongue and glands were normal, and her weight was above normal and she was considered in a normal condition.

Syphilitic Hepatitis.—Mr. F., twenty-six years of age, came from a neighboring town. He gave a history of syphilitic infection of some three years' duration. He complained of severe pain in the hepatic region. An examination showed the liver so enlarged and sensitive to pressure, pain was complained of during respiration. The pain was sharp and sticking in character; the pharynx was sore and sensitive, and there were mucous patches at various points over the mucous surfaces. He had lost nearly twenty pounds of flesh and there was a general enlargement of the glands. Under the use of Iodalbin, the improvement was prompt and continuous.

Cerebral Gumma.—Mr. R., a lawyer, forty-four years of age, came complaining of a severe nightly headache, which had been gradually becoming more intense during the past three months. He referred the pain to the right side of the head. There was a decrease of the strength of the left arm and leg, so that the left toe scuffed the floor when he attempted to walk. A physical examination showed him to be emaciated, and there was a history of syphilitic infection of about thirty months ago. There were all of the evidences of cerebral gumma. He was given Iodalbin, three grains of the preparation, four times a day. The results were gradual improvement and all that could be desired.

Simple Goitre.—Miss H., aged twenty-one, came for relief from an "enlarged neck," which, upon examination, proved to be a simple hypertrophy of the thyroid. The enlargement was quite uniform, dense and painless. She complained of difficulty of breathing. She was a brunette, and gave a history of being subject to repeated attacks of catarrh of the respiratory tract. Her weight was below normal, while her appetite was good. Two-grain doses of this preparation, night and morning, persevered in for two months, relieved the condition.

Scrofula.—Master H., aged four. His parents were both dead. His mother died of tuberculosis, and it was supposed that his father also died of the same. He was emaciated and presented a picture of deficient nutrition. The lymphatic glands were enlarged. The abdomen was distended and showed evidences of enlargement of the mesenteric glands. The knee and elbow joints were enlarged, sensitive to touch, and motion was limited. This condition had been present for about fifteen months. During this time he had not gained any weight, while the attendant claimed that there was fever present at times, but this was not demonstrated at any visit. Two grains of Iodalbin were administered, three times a day, with the result that there was a gradual improvement of all the symptoms, so that in three months he was able to move about, and the glandular system had returned to its normal state. The appetite was good and the weight had increased.

31 Washington Street.

Colocynth colic is relieved by the eructation of flatulence. Dioscorœa colic is not relieved thereby. —T. F. Smith.

The Fourteenth Annual Report of the Gowanda State Homœopathic Hospital shows that institution in its usual flourishing condition.

The Library.

BOOK REVIEWS.

The Diseases of the Nose and Its Accessory Sinuses.

By H. Lambert Lack, M. D., Surgeon to the Throat Department of the London Hospital and Lecturer on Diseases of the Throat in the Medical College (University of London), Surgeon to the Throat Hospital, Golden Square. 8vo., with 124 illustrations. Longmans, Green & Co., London and New York.

This is an exceedingly interesting work on a subject that is attracting much attention during the past few years. The nasal subject, as well as the accessory sinuses, are treated in a very thorough manner. The text and illustrations are very clear and forcible, showing the author's special work in this subject. It is certainly the best work on this subject.

A Text-Book of Clinical Medicine.

Treatment. By Clarence Bartlett, M. D., Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia; Visiting Physician to the Hahnemann Hospital. 1,223 pages. Cloth, one Volume, $8.00. Half morocco, two Volumes, $10.00. Book expressage, extra. Philadelphia. Boericke & Tafel. 1908.

This splendid volume of Dr. Bartlett was planned, in the first place, with the idea of making its therapeutic basis homœopathic, and we are more than pleased that this idea prevails and that he has been successful in carrying it out. It is, moreover, a work on treatment in its broadest sense, and includes all the branches of possible therapeutic activity, namely, preventive therapeutics, palliative therapeutics, and curative therapeutics. It covers the ground of all diseases nearly, and includes many of the specialties, it includes considerations of diet, climate, clothing, electricity, bathing, nursing, hydropathy, and massage, in fact, all means used to restore health.

To us the homœopathic part appeals most near, this is the curative field of therapeutics, and the one Dr. Bartlett puts in the forefront, at least, so far as his experience goes, and beyond that we cannot any of us go. It is not unlikely that the experience of others will, in some instances, run counter to the author's, that is to be expected, but we are sure that none will deny that there is in this volume, more real practical horse sense in the applictation of remedies to disease than in any other that has ever appeared in our school, and that means in any school of medicine.

In the matter of the dosage recommended, doubtless, Dr. Bartlett would not only expect some criticism, but welcome it. We are not, however, going to criticise this further than to say that our own experience tends to a slightly lessened dosage in certain particulars than that which he recommends. To be explicit, and give an instance, we would not like to give Rhus toxicodendron in the 1x dilution in typhoid fever. Nor would we expect to see Bryonia yield its best results prescribed by putting ten drops of the 1x dilution in a half glass of water and teaspoonful doses given every hour in the same disease. That was our procedure twenty years ago, but we learned that Bryonia was a remedy that showed a better action in the 3 centesimal potency, at least, and in rather infrequent doses. We believe thoroughly in the sub-physiological dose as expressing the best for homœopathic prescribing, not being of those who assert broadly that dose has nothing to do with Homœopathy so long as the law is followed.

Naturally, remedies will be missed, it would be impossible to include them all. We noticed, first, the omission of Nitric acid as a remedy in hæmorrhage in typhoid fever, without which drug we would feel handicapped in treating this complication. We noticed Lapis albus was not mentioned as a remedy for goitre, and this illustrates, perhaps, the unfairness of this criticism. Because we have used it with great success is no reason why we should expect Bartlett to read all we have written on it and believe it besides.

It is a most excellent work and one that we believe will meet with instant favor throughout the school.

Homœopaths Elect Officers.

Rockford, Ill., April 10.—The Northwestern Homœopathic Medical Society to-day elected these officers: President, F. K. Hill, Rockford; vice-president, A. S. Atchinson, Rockford; secretary, C. A. Walker, Rockford; treasurer, S. H. Hilliard, Warren, Ill.

The arrangements for the Institute meeting in Kansas City are most completed. The new Coates Hotel is the best in the city; all the sessions of the affiliated societies and the secondary sessions of the bureaux are to be held in it. Five doors away the sessions of the Institute and the first session of the bureaux are to be held. The Monday evening meeting is to be held in one of the largest theatres, and they plan to have 3,000 people present to hear the president's address. All of which shows that we are to have arrangements not even second to the perfect ones we found in Chicago in 1905.

The route to Kansas City from all eastern points may be by St. Louis, which can be reached directly by the New York Central and Pennsylvania lines, and thence by the Chicago, Rock Island and Pacific route. This road is the best equipped of all the Western roads to Kansas City. Those going by Chicago by taking New York Central and Lake Shore roads will have no change of station in Chicago.

It has been found that 41 per cent. of the prescriptions made by Philadelphia physicians in 1905, called for medicines of unknown composition. In 1906, it was 47 per cent.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
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Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

MAY 1, 1908

Editorial.

"THE SOCIAL VALUE OF THE COLLEGE-BRED."

"Our chief hope for salvation from anarchy is the keeping open of the doors to higher education for the American boy."

"The best thing that a college education can aspire to accomplish for you is that it should *help you to know a good man when you see him.*"

"A college education develops the initiative, broadens the man, trains the will, and teaches clear, definite speech."

These remarks, three college men, two of them presidents, recently made concerning the value of a college education. Of the first we shall not say anything, beyond that it seems to us a statement which cannot be questioned. It was in the midst of a paper read by President Bryan, of Indiana University on "Raising the Standards," the occasion being the recent meeting at Cleveland, of the American Association of American Medical Colleges.

The last statement was made by President Taylor, of Vassar College, and will, I think, be conceded as true, after you have thought about it a while.

The second statement is contained in an article by Professor William James, of Harvard College, and it also is true. And it must be understood that while it is the *best* result of a college education, it is not the *only* one.

On the surface, the statement seems to be a trivial one, but let us see what it really means. First, the difference between the technical school and the college. In the technical school just one thing is taught—just one ability is developed. The student comes out knowing that for which he asked and only that. True, he knows it well, he is a master—but he is a master of *an art* not a Master of *Arts*. And that is the entire aim of the technical school. It can make no claim of broadening its student, for it confines his development to one single path. It does not develop its student so as to make him *generally* a better man, he comes out a better man in only one respect. No one can say that there is no place for the technical school. There is. Without it, our architects and builders and designers would be less effective,—the world would retrograde, as a whole, because our part of it does not keep up with its growth, because a chain is as strong only as its weakest link. But because there has been criticism of university training and because there seems in some sections of the country to be developing a feeling that in this practical, work-a-day age in which we are living there should be given the technical rather than the learned education it is, as it seems to us, quite worth while to stop to consider, lest, granting that the university has been in the forefront, the pendulum may swing too far beyond gravity's centre. So, while giving to the technical school its place, let us also give to the university the higher place to which it is entitled, from the fact that it is so many-sided in its work and in its results.

To know a good *man* when you see him. Admittedly, it is true that a carpenter should know a good carpenter when he sees him. But only to a limited extent can it be said that he knows a good plumber, when he sees him. And, after all, his knowledge is strictly confined to a knowledge of the mechanical.

The whole work of the university is preparatory for the living of the perfect life—the whole study of the university man is the study of the quests of perfection by those who have gone before. As a result of these studies we gain the ability to attach to almost any effort the blue ribbon of perfection or the red ribbon of mediocre. But, also, we grow less acute and less fanatical in our criticisms, for there is born within us a sympathy for men's mistakes and "we feel the pathos of lost causes and misguided epochs, even while we applaud whatever causes them." So we develop a critical sense, a sense for higher values. We should have a relish for the best, and a distaste for mediocrities. And you know, as well as you know anything, the distressing fact that the average American man and woman does *not* have a taste for the highest and the best. And I am including all of our eighty millions in my estimate to get the average. It won't do to say that the *best* are the real Americans, for we have learned something from our foreign element, and the typical American, as the Europeans see him, is not the highest type of civilization and learning. If a change is to

be brought about in this respect, it must be through the university and its training. Higher education stands for higher development of the mind in *all* directions.

It goes without saying that being able "to know a good man when you see him," you should be able to know whom should be your leaders and, that granted, it means that the educated class, having the ability to choose the rightful leaders, must be the class competent to shape the great policies of the world.

The carpenter knows the good carpenter when he sees him, the plumber knows the plumber, but the college-bred man, by reason of his study of the masterpieces of masters in all departments of activity, is able to look deeper and to examine from many angles—he looks *into the man,* and when that man is *good,* he knows it. It must be so, it cannot be otherwise.

In our own profession the advantage of the college education is, in these days, beyond computation. Just that one fact that it keeps a man where he can gauge the worth of his fellow-man is enough. Where should it be more important that such power be exerted? Just to be able to sift the grain from the chaff; just to be able to *know* how much of the output of the man you can depend upon as being pure gold, and what does it mean for life and health?

And here's the milk in the cocoaunt—the medical college *must* require that the medical student be "college bred"—university bred, because without such breeding he lacks the essential ability to *know.*

H.

A CORRECTION.

In the November number we took occasion to bring before our readers in an editorial an address delivered by Dr. G. Frank Lydston, of Chicago, before the Council of Sociology, of Cleveland. The address dealt with "The Social Evil," and was replete with the results of Dr. Lydston's long study of sociological problems.

We are glad to correct several impressions, to which Dr. Lydston has called our attention, which are at variance with his thoughts on the subject. We quote: "You quote me as saying 'Virtue is purely physical? What I did say, was 'Virtue in the male, as Mantegazzi said of virtue in the coquette, is often purely physical and politic.'" We quote again from Dr. Lydston's letter: "In re, the relation of the love of finery to prostitution, I did not lay special stress on shop window displays, as an etiological factor in prostitution. I merely said, in speaking of a certain great merchant's department store, 'Incidentally, it might be well to ask how many prostitutes have been made by the display of unattainable finery in his beautiful shop windows?' I was not laying a specific burden of responsibility on the shopkeeper—he is merely an incident in the human tragedy."

We are glad to make the above corrections. No man likes to be misquoted, and it is particularly aggravating when a master of a subject is quoted wrongly by one who knows far less than he. Herein is our apology.

EDITORIAL BREVITIES.

What's the Matter With Homœopathy?

We present in this issue of the Medical Century a letter bearing this caption from the former editor of this periodical, Dr. C. E. Fisher. Dr. Fisher, in his usual virile way, strikes at the fountain head of the trouble and gives it a blow that deservedly should cause to gush forth a flow of the water of homœopathic life all over the land. He shows clearly that the trouble is with ourselves and ourselves alone. His experience in the fine construction hospitals with which he has been connected during the past few years, in securing assistants of the homœopathic faith, and the ease with which he secured those of the other school, gives the black eye to the statement that the homœopathic profession is overcrowded. As the Medical Century has repeatedly pointed out, we are not graduating enough annually to take the places of those that die and those who retire. Let us look at this a little nearer.

We chronicled in our pages for 1907 109 deaths of homœopathic physicians. The Transactions of the American Institute of Homœopathy just issued gives 156 hospitals, general, special, private, and sanitoriums of the homœopathic school, which treated, in 1907, about 100,000 patients. It is reasonable to suppose that each of these 156 institutions must have, as the lowest average, one interne. Some of them need as many as seven or nine to complete their complement. Is it, therefore, remarkable that nearly every issue of the Medical Century contains a notice that internes are wanted in some one of our famous hospitals? Add 109, the number required to take the place of the dead, and 156, the number required to man our hospitals with internes, and we have 265 physicians, as the minimum number that are actually required each year. The total number of graduates from our homœopathic colleges during 1807 was 236, nineteen less than are actually required to fill vacant places, let alone filling the great towns and cities where homœopathic practitioners are clamored for by a progressive and wealthy population.

In New York State alone there are 32 institutions of the classes above referred to, and but 29 graduates went forth from her colleges during 1907.

The fault is truly with ourselves, as Dr. Fisher has ably pointed out, and it is a fault that must be corrected. How are we going to do it?

Read the doctor's article, and read it with the determination to do something to get a student for some one of our colleges for the matriculation period of 1908.

Editor's Table.

GENERAL NOTES.

Dr. C. E. Sawyer, of Marion, Ohio, announces his complete recovery from his accident and protracted illness, and has resumed his professional and sanitorium work.

Do not forget the Therapeutic Week at the New York Homœopathic College, commencing on May 11th. It is free and all are invited. The lectures are to be given every afternoon from one to six. Alumni day is Thursday, May 14th, Commencement exercises at Mendelssohn Hall at 3 P. M. Dinner at 8 P. M. at the Waldorf-Astoria.

Dr. H. V. Halbert, the rotund and genial editor of the Clinique, and erstwhile author of a fairly good work on Practice, removes his office on the first of this month to 31 Washington street, Marshall Field Building.

We rejoice to learn of the appointment of Dr. H. S. Keller, of Frankfort, Ky., on the Kentucky State Board of Medical Examiners. We believe Dr. Keller will adequately represent Homœopathy in Kentucky, where all allopathy seems to cringe under one master-hand, and largely Homœopathy heretofore, if we are rightly informed. It is time that neither one man, nor one school should be the whole medical thing. Dr. Keller will be most likely to bear in mind the desire of the entire homœopathic school, expressed by resolutions from the Institute and many State societies, endorsing materia medica and therapeutics as subjects for examination of all candidates.

Dr. Howard B. Kinyon, son of Dr. C. B. Kinyon, of the Homœopathic Department of the University of Michigan, has opened an office in Detroit at the Vendome, corner of Cass and Selden streets.

Dr. F. W. Halsey gave Drs. Copeland and Dewey, during their recent visit to Boston, a dinner at the University Club. Those princes of good fellows, Drs. Richardson, Percy and Houghton were there, too, and the occasion was a most enjoyable one.

Fabiola Hospital, of Oakland, California, is to have a new $50,000 annex, of two and one-half stories. Ground was broken for this on March 2d.

The Northwestern Ohio Society had a special meeting in Toledo on March 31, to consider a joint meeting of the Michigan and Ohio Societies at Toledo in 1909.

The Smith-Burrett Hospital is the name of a new private hospital established at Ann Arbor. Dr. Dean T. Smith is the medical director. The members of the faculty of the homœopathic department form the medical staff. This will prove a great accommodation to those who desire to have special treatment without having to pose as paupers in the university hospitals, or come before the classes as clinical material. The accommodations are first class and moderate.

The Toledo Homœopathic Club held an interesting meeting on April 14th. Drs. G. F. Richards and B. W. Dawley were the essayists.

The Massachusetts Homœopathic State Society held its meeting on April 8. It was well attended and much good work was done. Drs. R. S. Copeland and W. A. Dewey, of Ann Arbor, were visitors from afar. The banquet at the American was a most enjoyable affair. Dr. J. P. Rand presided.

Dr. John B. Garrison, of New York, has received the appointment of Consulting Laryngologist in the New York State Board of Health. This is a splendid appointment. Dr. Garrison is one of those busy men that do things. All others have no time.

MINNESOTA MENTION.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. A. G. Moffat, Howard Lake, Minn., spent six weeks in post-graduate study in the hospitals and colleges of Chicago in January and February.

The Minneapolis Homœopathic Society, at its December meeting, elected Dr. Ethel E. Hurdy, president; Dr. A. J. Hammond, vice-president, and Dr. J. D. Waller, secretary and treasurer. At the January meeting, held at Dayton's Tea Rooms, a six o'clock dinner was enjoyed and Dr. A. J. Hammond presented a most interesting paper on Leukemia, citing cases and giving treatment, showing the good effect of the similia in the treatment of this disease. At the March meeting Dr. Geo. B. Hamlin presented a fine paper on Scarlet Fever, which was well discussed. At the February meeting Dr. J. D. Waller read an able paper on Influenza, which was greatly enjoyed.

Dr. B. H. Ogden, St. Paul, was a patient at the Mudlavia Indiana mud-baths not long since.

Dr. H. V. King, University Minnesota, '05, has located at the corner Selby Ave. and Dunlap St., St. Paul.

The following homœopathic staff has been appointed by Dr. P. M. Holl, city physician and superintendent of the Minneapolis City Hospital: Medicine, A. . Hammond; surgery, Dr. A. E. Booth; eye, ear, nose and throat, Geo. M. Haywood; skin and G. U., C. H. Neill; Obstetrics, H. G. Tunstead; diseases of children, Geo. B. Hamlin; Gynæcology, R. R. Rome.

Dr. Thos. M. Thayer, Herman, Minn., formerly at Fergus Falls, was a recent twin city visitor.

Dr. Geo. W. Roberts, New York City, was recently in Minneapolis, on a flying trip to Montana, and renewed acquaintance with his friends of that city.

Dr. Margaret Koch, of Minneapolis, was recently called to Santa Barabara, California, by the serious illness of her sister.

Dr. H. C. Birch, Redfield, S. D., well-known to many Homœopathists of Minneapolis, died suddenly on or about March 10, of meningitis. Dr. Birch was mayor of his home city.

Dr. Wm. E. Leonard announces that he is prepared to treat topically and surgically, by the latest instruments and methods, all diseases of the rectum,

anus, and pelvic colon. Andrus Building, Minneapolis.

Dr. C. G. Higbee, St. Paul, one of the oldest, best known, and most highly respected of the Homœopathists of Minnesota, died at his home on April 3d, of cerebral hæmorrhage.

Dr. Higbee had practiced in St. Paul since 1874, and before that, in Red Wing, Minn., and Fond du Lac, Wis.; he was a graduate of Hahnemann, Chicago, in the early '70's, and had been prominent in the councils of our school of medicine, having been president of the city and State societies, and vice-president of the American Institute of Homœopathy in 1890. He leaves a widow, a daughter, and a brother, Dr. A. E. Higbee, of Minneapolis.

Secretary H. O. Skinner, of St. Paul, reports magnificent prospects for a fine programme and a large attendance on the forty-second annual meeting of the Minnesota State Homœopathic Institute, at Minneapolis, on May 19, 20 and 21st next. and, incidentally, we can say from a long apprenticeship to the secretarial position that Dr. Skinner is doing a wonderfully good work as secretary.

The Donaldson Building, 7th and Nicollet Ave., Minneapolis, is one of the finest office buildings of the Northwest, and is given over to physicians and dentists exclusively. Among those who have taken offices in this elegant building, are Drs. Henry C. Aldrich, Geo. B. Hamlin and O. K. Richardson, who are domiciled in suite 401, with the dentists, Drs. A. E. Alther and R. G. Joslin. Dr. H. H. Leavitt is associated with McCalyen, D. D. S., on the 9th floor of the same building.

Dr. Doxie, Edgerton, Minn., has been ill recently, and his practice has been cared for by Dr. Cooper, interne of the City Hospital of Minneapolis, and he, in turn, has been relieved by Dr. Sinclair, of the Senior class of the College of Homœopathy, of the University of Minnesota.

Dr. Martha G. Ripley, Minneapolis, has been a recent visitor to the Pacific coast, at Seattle and vicinity.

Dr. R. R. Rome and family have returned from their European sojourn, where he was visiting the hospitals of the leading cities.

Dr. J. W. Wilkins, Mound, Minn., was recently called to Illinois by the death of his father.

Dr. Paul A. Higbee, Minneapolis, is, we are glad to report, gaining in general health.

Dr. J. L. Stone, Minneapolis, is sojourning at the Hot Springs, in Arkansas.

Dr. Norman M. Smith has new offices in the Donaldson Building, 7th St. and Nicollet.

ST. LOUIS NOTES.

BY SCOTT PARSONS, M. D., ST. LOUIS, MO.

Dr. W. J. Burleigh, who was forced to retire temporarily from business, has returned home from an extended tour of the South, much improved in health and spirits.

Dr. A. L. Boyce, a practitioner of Homœopathy in this city since '88, has retired from the medical field and removed to Newark, N. J., where he will engage in the manufacturing business.

Dr. C. H. Goodman recently entertained the Hahnemann Club, and introduced Dr. Rogers, of Chicago, who gave a very interesting and instructive lecture and demonstration of a new therapeutic lamp, of which he claims to be the inventor.

Dr. C. J. Luyties recently sustained serious injury while alighting from a street car. He was thrown, striking his left knee against a car rail, fracturing the patella. His condition at latest reports, promises early and complete recovery.

It is with pleasure we report the improvement of Dr. T. G. Comstock, who has been quite ill for the past year or more. He may again be seen in his office and occasionally is out in his carriage.

At the semi-monthly meetings of the St. Louis Homœopathic Medical Society, Dr. E. F. Brady read a paper on "Melancholia," which was extremely interesting, and led to lively discussion. Dr. Scott Parsons' paper on "Tuberculous Arthritis" was also well received.

The Fiftieth Annual Commencement exercises of the Homœopathic Medical College of Missouri, will be held on the evening of April 23d, at the Southern Hotel. At the same time the Alumni Association will hold its annual reunion, which will be celebrated with a banquet.

It is officially announced that the Missouri Institute of Homœopathy, which was to have convened in St. Louis in April, has been postponed until April, 1909, on account of the American Institute meeting in Kansas City next June. This looks like a case of "wait for the big show" and it is to be hoped that the M. I. H. will be out in force.

The twenty-eighth annual report of the St. Louis Children's Free Hospital, which is under homœopathic control, reflects credit to this institution. During the year, 1906 and 1907, 686 patients were treated in the indoor department, of which number 590 were cured, 96 improved, and 66 died. This list includes the annex, or baby ward, which raises the mortality considerably, as 54 of the deaths occurred in this department. The outdoor department reports 1,249 patients and 1,998 prescriptions.

An earnest effort is being made in our city to divorce the eleemosynary institutions from politics and place the control where the various medical organizations will have a power. There is an united effort, on the part of all schools, to attain this end, and, under the name of the Joint Medical Council, is sending representatives to the ward political meetings to reach the voters and further legislative action. At the same time the Homœos are working quietly along lines of their own, and have organized under the name of the "Missouri Homœopathic Equal Rights Society," with the following objects:

"To advance Homœopathy."

"To obtain legislative recognition in the faculties of all medical colleges under supervision of the State."

"To obtain equal recognition and representation in all public hospitals, asylums or eleemosynary institutions supported by the State."

"To obtain the establishment of a separate board of health, to pass upon the qualification of all who desire to practice as homœopathic physicians and surgeons."

The writer was pleased to have a few minutes' chat with Dr. T. C. Soule, of Kansas City, who honored us with a visit on his way to the eastern clinics. Dr. Jas. A. Campbell, acting as escort, among other things, showed the doctor some of the work accomplished in our St. Louis Children's Free Hospital. Dr. Soule was impressed, and expressed great admiration.

WASHINGTON NOTES.

BY DR. E. F. SAPPINGTON, WASHINGTON, D. C.

The regular monthly meeting of the Washington Homœopathic Medical Society was held at Hotel Shoreham, Tuesday evening, April 7, at 8:15 o'clock.

Business Session.

Dr. H. E. Dunne was unanimously elected a member of the society.

Scientific Session.

"A Paper on Materia Medica," by Dr. L. E. Rauterberg.

"The Needs of the Homœopathic Materia Medica that It May Meet the Demands Upon the Specialist in Therapeutics," by Dr. J. B. Gregg Custis.

These papers were much appreciated and enjoyed by the society, and a very instructive discussion followed their reading.

Upon motion, the society adjourned.

OBITUARY.

Dr. F. H. Roberts.

Plainview, Minn., March 14, æt. 76. Cleveland Homœopathic College, 1861.

Dr. H. C. Birch.

Redfield, S. D., March 15, æt. 39. Hahnemann Medical College, Chicago, 1890.

Dr. C. G. Higbee.

St. Paul, April 3. Missouri Homœopathic College, 1870.

Dr. F. F. Dennis.

Kokomo, Ind., March 21, æt. 44. Chicago Homœopathic College, 1894.

Dr. R. O. Totten.

Cleveland, March 13, æt. 39. Cleveland Homœopathic College, 1896.

Dr. A. S. Kirkpatrick.

Lincoln, Ill., March 13, æt. 75. Pulte Medical College, 1888.

Dr. E. D. Warner.

Geneva, Ohio, March 16, æt. 52. Cleveland Homœopathic College, 1879.

Dr. Frank Lee Benedict.

Of Portsmouth, N. H., died at his residence, No. 2 Middle street, Friday, March 13, 1908, aged 52 years, 6 months. He was a graduate of the New York Homœopathic Medical College, class of 1877 (I think this is correct), and has practiced in Portsmouth nearly thirty years.

As a physician, he was eminently successful, having had one of the largest homœopathic practices in New England. As a man, his kindness was unsurpassed, and his death will be widely mourned.

Dr. Henry Chandler

Died at his residence, "The Cedars," in Cornwall, N. Y., on Thursday, March 19, from pneumonia after a brief illness. He is survived by a widow, two daughters, Helen, aged thirteen years, and Dorothy, aged nine years, and a brother, Oren J. Chandler, of Little Britain.

Dr. Chandler was born at Little Britain, Orange county, N. Y., on February 21, 1861, and received his early education in the public schools of that vicinity. In 1886 he graduated from Brown University, having been a member of Delta Phi, and Phi Beta Kappa fraternities. After spending several years as a teacher in the schools of Newburgh, he decided to study medicine, graduating from the New York Homœopathic Medical College, with the class of '92. Two years later, February 6, 1894, he married Miss Antoinette C. Howell, of Newburgh, and in 1897, located in Cornwall, where he has since pursued his life work. He was a tireless student, and whenever the stress of work permitted, he made frequent trips to New York to pursue post-graduate studies and so increase his fund of practical knowledge. He will be remembered as a man of quiet and unassuming personality, and so genial withal that he numbered, practically, all of his acquaintances as warm friends and admirers. By steadfast devotion to the high ideals he formed in early life, and by his ceaseless activity, he was enabled to secure a large practice in Cornwall and vicinity, so that he leaves a large circle of mourning friends. Funeral services were conducted at the house by the Rev. Dr. J. C. Copeland, of the Canterbury Presbyterian church, assisted by Rev. Dr. Ostrander and Rev. Dr. Searle. The interment was in the Cedar Hill Cemetery.

Dr. C. W. Eaton.

The following resolutions were unanimously adopted at a special meeting of the Des Moines Homœopathic Medical Society, March 28, 1908:

At the noon day of a noble life, in the midst of his labor, and at the zenith of his success and usefulness, our honored associate and co-worker, Dr. Charles Woodhull Eaton, has been translated to life eternal.

We recognize in his death the loss of one who has been a tower of strength to the Des Moines Homœopathic Medical Society and an influential support to the cause of Homœopathy.

It may be said of him, his personality was the charm that endeared him, his earnestness the inspiration to others, his humor the magnet, and his faithfulness to the end his victory; parting with him is like bidding good-bye to sunshine.

We revere and cherish his memory. His invisible presence will long continue to be a blessing to us all, and we pray that the influence of his life

may inspire us to higher purposes and larger faithfulness in our work.

Respectfully submitted,
Harriette E. Messenger, M. D.
George Royal, M. D.
Erwin Schenk, M. D.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

Cincinnati, March 31, 1908.

The Membership Committee of the Homœopathic Medical Society of Ohio has been actively engaged for many months in the work of securing new members for the society. Why?

1. Because, of the 952 homœopathic physicians in Ohio, only 218 belong to the State organization; 50 of these joined last year.

2. Because, to the next Legislature of Ohio, an effort is now being made to arrange for the election of a large number of doctors, to enact special medical legislation, and to secure our share of such legislators, we must increase our membership and thereby our influence. This to the end that our interest may be watched and protected.

3. Because the vitality of the homœopathic school of medicine in Ohio depends upon the protection of its interests, and this always has been a sacred duty of the Homœopathic Medical Society of Ohio. Which means that 218 homœopathic physicians are keeping up the forcefulness of the very diplomas on which the other 734 homœopathic physicians depend for their legal status. Is it fair to withhold your moral support any longer?

4. Because every homœopathic physician should belong to the Homœopathic Medical Society of Ohio, and when once there, to stay there.

That's why.

If you are an old member and your membership has lapsed, rejoin.

If you have not already done so, sign the application blanks and send it, with three dollars, to any one of

The Membership Committee.

Katherine Kurt, Akron, O., Summit County Clinical Society.

C. E. Silbernagle, 1033 N. High St., Columbus, O., Central Ohio Homœopathic Physician's Round Table.

G. B. Haggart, Alliance, Ohio, Homœopathic Medical Society of Eastern Ohio.

W. C. Cross, Ashtabula, O., The Ashtabula County Society of Homœopathists.

J. W. Barnhill, Napoleon, O., Northwestern Ohio Homœopathic Medical Society.

L. K. Maxwell, 1615 22d St., Toledo, O., Toledo Homœopathic Club.

H. T. Miller, Springfield, O., Miami Valley Homœopathic Medical Society.

Frank Webster, Riebold Building, Dayton, O., Dayton Homœopathic Medical Society.

Harry E. Hunt, Newark, O., Southeastern Homœopathic Medical Society.

C. E. Hetherington, Piqua, O., Union Clinical Society of Shelby and Miami Counties.

F. B. Groesbeck, Steubensville, O., Ohio Valley Homœopathic Medical Society.

R. DeW. Robinson, Akron, O., The Eastern Ohio Homœopathic Medical Society.

A. A. Biddinger, 802 Rose Building, Cleveland, O., Cleveland Homœopathic Medical Society.

With all good wishes from the foregoing,

Thos. M. Stewart,
Chairman.

DR. HANS BURCH GRAM.

Honored by the Massachusetts Homœopathic Medical Society.

At the annual meeting of the Massachusetts Homœopathic Medical Society, April 8th, the president of the society, Dr. J. P. Rand, of Worcester, called attention to the distinguished service of Dr. Hans Burch Gram, the pioneer of Homœopathy in this country, and recommended that a suitable tablet be erected to his memory.

In accordance with this recommendation, the society voted unanimously to place a Memorial Tablet to Dr. Gram in Boston University School of Medicine.

The action of the Massachusetts Society in thus honoring Dr. Gram is especially fitting, for Dr. Gram was born in Boston, in 1786. His father was secretary to the Governor of the Danish Island of St. Croix, and while travelling in America, became attached to a Boston lady, for whose sake he married and settled in Boston. Young Gram remained in Boston until he was eighteen, when, upon the death of both parents, he left and went to Copenhagen to secure the property which had been left to his father.

By advice of Dr. Fenger, assistant physician to the King, he studied medicine. He rose rapidly in his profession and soon became surgeon to a large Military Hospital. In 1814 he resigned his hospital position and devoted himself to general practice in Copenhagen, where he became converted to Homœopathy, and in 1825 he came to New York.

It was through his influence and success that Dr. John F. Gray and other noted physicians adopted Homœopathy. He died February 26th, 1840, and his remains now rest in Dr. Gray's private ground in Greenwood Cemetery.

Dr. Gram was among the earliest physicians in Europe to adopt the teachings of Hahnemann, and it was he who first introduced them into this country. As our first great pioneer of Homœopathy, he is worthy of the honorable recognition thus publicly bestowed by the Massachusetts Homœopathic Medical Society.

The society also voted to authorize the Executive Committeee to employ legal counsel to look after its interests in the Legislature.

EASTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-fifth annual meeting of the Eastern Ohio Homœopathic Medical Society was held at Youngstown, April 15th, 1908. The programme was a very interesting one. The first part was devoted to eulogies of Dr. O. D. Childs, one of its charter members, who had died since the last meeting. Dr. J. W. Rockwell contributed a splendid memorial which was supplemented by an address by Dr. F. D. Smith, of Cuyahoga Falls. Dr. Childs was very active in the work of the society. He brought his staunch Homœopathy out in the discussions and would not concede that the law of the similars had any defects. He was a physician of the Hering-Dunham-Farrington school, of whom the Medical Century has had occasion to say good things. For forty-one years he practiced at Akron, Ohio, and when he died was the dean of the profession there.

Dr. J. K. Hamilton discussed Inversion Uteri, his paper being a very able one, eliciting favorable comment from all present. It was freely discussed by Drs. J. C. Wood, H. F. Biggar and others.

One of the best papers we have had recently presented to the society was one entitled "On the nature, causes and treatment of head noises,—being a guide to the general practitioner." It was written by Dr. A. E. Ibershoff, whom Ann Arbor reluctantly released to Cleveland. (Not meaning to speak in base ball terms, however.) Really, the paper was a gem, and it should be given wide circulation. When it is printed, the author should have reprints for distribution. This paper was also discussed by the members of the society.

Dr. J. Richey Horner read a paper giving the clinical history of a case which seemed to show the presence of a brain lesion, but in which upon autopsy no such lesion could be found. The paper was discussed by Drs. W. H. Phillips, Palmer, and others.

Dr. G. W. Spencer read a paper on "Practical hints, diagnosis and treatment of skin diseases." The paper was good, understandable and practical.

During the meeting a number of matters were brought up. Among them was the effort to have made an amendment to the Pure Food Law, placing the Homœopathic Pharmacopœia on a par with the National Dispensatory as a guide to the decision as to the purity of drugs. This was heartily endorsed by the society, and the officers instructed to so certify to the proper committee in Congress.

Dr. W. M. Blaine, of Youngstown, was elected president for the ensuing year, Dr. H. Primm, vice-president; Dr. F. D. Smith, treasurer; Dr. Pauline H. Barton, secretary.

Cleveland invited the society to meet in that city in the fall.

The society, during their session was the guest of Drs. W. H. McGranahan and W. M. Blaine, of Youngstown, and the meeting was held in the beautiful Elks Building, luncheon being served in the dining room there. The entertainment was splendidly done and the hearty thanks of the members of the society were given the generous entertainers. Taken all in all, the meeting was a most successful one and fully enjoyed by the large membership present.

J. R. H.

The American Institute of Homœopathy. Transactions of the Meeting Held at the Jamestown Exposition, June 17-22, 1907. Edited by the Secretary, Frank Kraft, M. D., Cleveland, Ohio.

Probably not one of the sixty-three sessions of the Institute was organized and held under greater difficulties, embarrassments and disappointments than the one of whose proceedings this volume is the official record. All the trouble did not stop with the closing of that last meeting of the faithful held on the porch of the Innside Inn. It seemed, during the next six months, that the end would never come. And it is just here that the able secretary showed his pluck and indomitable will-power. He simply stuck to his job, and we have, as a result, a fine book of about twelve hundred pages, which really ranks as the best of all. The business sessions were, probably, never better reported and edited. The discussions on the various business propositions are full and satisfactory, while the actual work accomplished is shown clearly.

The scientific work of the Institute demonstrates that, no matter what the unsatisfactory conditions surrounding the meeting, the material presented for consideration and the discussions consequent were of the highest order. Nearly nine hundred pages are taken up with this and the report of the Allied Societies so that the book well stands as evidence that we, as a school, are holding our place in the forefront of scientific organizations. We miss the report of the O., O. and L. Society, and feel that the secretary has quite properly omitted it, the only reason for its appearance in the 1906 volume having been that that meeting was a World's Congress, in which our foreign brethren had participated freely.

Space forbids a detailed review of the book. Suffice it to say that it is a model in every way. It will long stand as a distinct credit not only to the Institute, but to Dr. Kraft. We congratulate both.

J. R. H.

Drs. C. E. Walton, H. C. Allen, H. E. Beebe, D. A. Strickler and W. A. Dewey attended the meeting of the American Confederation of Examining Boards, held in Cleveland on April 28. Several of the Cleveland brethren were also present.

Dr. Frank Kraft had an office full of patients when we called upon him recently. He seemed glad to see his visitors. He will be at his post in Kansas City.

Dr. Niel Bentley, of Ann Arbor, Mich., has returned from an eight months' trip abroad spent in eye work. The doctor thinks Europe is all right for diagnosis, but for treatment, give him America and Homœopathy every time.

A Few Prominent Kansas City Homoeopaths

DR. W. D. FOSTER DR. J. M. PATTERSON DR. L. P. CRUTCHER DR. W. A FORSIER
DR. MACLAY LYON DR. J. L. ALEXANDER
DR. W. J. GATES
DR. T. H. HUDSON DR. W E. CRAMER
DR. F. ELLIOTT DR. C. OTT DR. M. T. RUNNELS DR. C. S. ELLIOTT

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Homoeopathics.

REMINISCENCES.

BY F. H. ORME, M. D., ATLANTA, GA.

Introductory.

Dr. Chas. E. Fisher.

My Dear Doctor: We are still enjoying the afterglow of your late visit—talking it over in connection with others, and those we are with pleasure anticipating. You know how welcome you are, and how happy we all are when you are under our roof.

I have not forgotten your suggestion that I should write some reminiscences of early days, and my knowledge of some of the earlier homœopathic physicians I have known by personal contact and by almost direct touch—with a sprinkle of personal biography with which it naturally associates.

The suggestion is a good one, not because it is kindly made by you to me, but because there is too little of this sort of writing, as I have often felt. How greatly we have all wished that our forbears and seniors had written down, from their personal knowledge or trustworthy information, accounts of interesting events, or persons of note in whom we have felt an interest. But time passes, procrastination is indulged in, nothing is accomplished, and we feel almost as though we had been defrauded.

The writing of reminiscences to a friend, is, indeed, a pleasure, because it is yielding to a natural impulse, and the result is useful. Think upon this for a moment: We have (1) the cacoethes loquendi; (2) the cacoethes scribendi, and (3) the cacoethes procreandi, or sexual propensity—all related in view of their utility. Without the first we should have no tradition; without the second we should have no history or literature; without the third all trace of life would fade from the face of our globe.

Then, too, think of the avidity and the pleasure with which the recital of personal experiences, with illustrative anecdotes of interesting characters of whom we have heard, and wished we had known more, are comparatively read! History and biography as commonly composed, with their formal cut and stately tread, are read for information, and from educational necessity, but gossipy reminiscences have a personal smack and charm about them which excites intensity of interest while engaged in the reading, while it takes a tenacious grip upon the memory, to afford pleasure in the after days, when recalling and repeating the same.

To the one who writes, as I now do, reminiscences for the edification or amusement of friends, there is the satisfaction of communication with the ease and freedom from restraint in composition which divests the act of all idea of labor, and which constitutes a real pleasure.

So here goes for a compliance with your request, which has always been a pleasure to me. Indeed, your requests, especially of the editorial type, have been regarded as imperial commands, and I certainly have not wished to be banished to the arctic Siberia of your royal displeasure.

With these remarks by way of introduction directly to you, who can understand them, I now turn and address my further lines.

Various Men I Have Known.

To the Editor of the Medical Century:

Starting upon reminiscences, the first object that comes to my mind at this moment is one C. E. Fisher, whom I have known for a considerable fraction of a century. Precisely how long I cannot say—but he is not yet an octogenarian—not quite. I have known him under many conditions, but always as a hustler. He has been an industrious pencil driver, and since the typewriter has come in vogue, he has been a model of celerity. He has been a multitudinous writer in this and in foreign lands. A liberal contributor to the general press, he has been editor of the Lord knows what all. He has had a superb way of setting his friends to work—an important faculty in a leader—but while he has cut out work for others he has been as active himself—as a hen scratching—making things fly.

He has always been ready to spring into the field where labor or danger or both were to be encountered. For example: When he was on his honeymoon trip in Marietta from Texas, in 1878, having heard the cry for medical help from the yellow fever stricken city of Chattanoogo, he instantly flew to its relief, and remained while assistance was needed. He was not immune. The fever was of a most malignant type, showing one of the highest rates of mortality on record. That he escaped with his life was remarkable. It would be hard to point to a more disinterested act of heroism than this.

Ever since away back in the time of the "Pellet" he had a way of notifying me that he wanted an article from me on the "Medical History of the Universe" or some small matter of that sort, for his next issue, so, of course, I had to dance up with the desired manuscript. This was a Texas exploit. The same fancy followed him when he established the

larger monthly, the Southern Journal of Homœopathy, which he subsequently issued from New Orleans, and, of course, his demands or commands were more numerous. He seemed to have an idea that I had little else to do than write contributions on demand from his editorial highness. The same infatuation pursued him to Chicago, where he established the Medical Century. Here his voracious editorial maw seemed insatiable, but he had such winning ways that nobody could refuse him, so that with his own energetic exertions and mental fecundity, and the assistance of his numerous professional friends, he produced a most excellent homœopathic medical monthly.

Dr. Fisher's services to the profession, especially to the cause of Homœopathy, have been so numerous and important that it would be hard to estimate them. As promotor, organizer and sustainer of societies, and as teacher, he is quite distinguished. As a presiding officer, culminating in his presidency of the American Institute of Homœopathy, the consensus of opinion has been that as a parliamentarian he has not had a superior.

If the correspondence which has passed between him and myself, with contributions, were compiled they would make in size a respectable book. If all that he has written and edited in journals and books was collected and bound it would make a respectable library. His enterprise has been extraordinary. From one field to another, as the opportunity for good work invited, he has proceeded, always alert, always active, always, as now, efficient. In surgery as in medicine no case is too intricate or difficult for his skill.

It is a rare comfort to reflect that through the many years during which we have co-operated in harmony in the cause to which we have been devoted there has never been a jar in the course of our friendship; not that we have not been at times of different opinion, with candid expression, but that our mutual respect and kind regard prevented either from aspersing the other, or rubbing him the wrong way.

This is one of the pleasures of reminiscences—the recalling of bright spots in the memory.

"Let Fate do her worst, there are relics of joy,
Bright dreams of the past which she cannot destroy.
Which come in the night time of trouble and care,
And bring back the features that joy used to wear."

I must, however, pass from the present to the past, and deal with earlier times and friends, even although the "big I" may be, from necessity, more in evidence than I should like.

Student Days.

Early in April, 1850, I left my home in Milledgeville, Georgia, and entered the office of Dr. James Banks Gilbert, in Savannah, as a student of medicine—the pursuit in life which had always been my choice and aim. The family physician of my parents had been my ideal, and I had often said to myself that if Heaven would only make of me such a man—so good, so wise, and so well-beloved, the acme of my ambition would be reached.

My elder brother, John, who had studied with Dr. Edward Bayard, an eminent homœopathic physician, and was graduated from the University Medical College, of New York, from which Dr. Bayard had himself been graduated, had settled in Savannah for practice. He and Dr. Gilbert became fast friends. They had both been graduated from the same college, and both became members of the American Institute of Homœopathy in the same year, 1846. My brother's health failed and Dr. Gilbert attended him during his last illness, in 1848. During this illness Dr. Gilbert became acquainted with my mother and other relatives. Subsequently, he asked an aunt in Savannah if Dr. Orme had not a brother who would like to study medicine. Correspondence was opened with my widowed mother. My opportunity had come and was promptly seized.

In Dr. Gilbert I found another exemplar. He was a tall and handsome man, with pleasant manners, and an excellent heart. He naturally had many friends, for he had benefitted many, his practice being large. He seemed to be prepossessed in my favor, and a fondness sprang up between us at once that was never interrupted. He was a model preceptor, taking an interest in his pupil, and losing no opportunity for advancing him in medical knowledge, as well as looking to his general improvement. It was always a pleasure to be of assistance to him, and occasions for this were frequent. I was often taken to see cases of interest, and at times left with patients to observe conditions and report changes. (The trained nurse had not then come upon the stage.)

He knew the advantage this would be to me, and discussed with me the features of the case, cheerfully answering my many questions. To this day I recall many of his practical suggestions, indicating points of discrimination between diseases, etc., showing the inestimable advantage of a good preceptor.

As an example of his care for my advancement in knowledge, I may mention an incident: He drove to the office door one day and called to me, "Here, Frank, take this, examine it carefully, and tell me all about when I return." I received from him a package done up in several thicknesses of paper. It was damp, soft, and of some weight. I at once undertook my problem, but without being able to reach a solution. I had recently commenced the study of anatomy, wrestling with the bones as described by Cruvelhier and Paxon, but had not advanced to the softer tissues. I had seen something of dissection in the butcher shop and the kitchen, but, although I had studied the article carefully, I could not give it a name. When my preceptor returned and asked what I had made of it, I promptly replied that I gave it up. He then took it in hand, gave the puzzled pupil a careful anatomical demonstration, as well as a discription of its physiological function.

I explained why I could not understand the specimen. It was not a beefsteak, for it was too flabby; besides, beefsteaks did not grow in sacks, any more than cucumbers grew in slices. It

was not liver—the color did not correspond, etc. The chief anomaly about it was that curious, twisted cord, containing two arteries and a vein, with some slippery membranes. When the doctor got through he pointed out an article in Dewee's Obstetrics for me to read. By the time I got through with this I believe I knew more about what is known as a placenta than most young men know when they receive their diplomas, and I believe that when examining the hundreds of specimens that it has been my lot to scrutinize, to see if they were all right, I have generally recalled my first practical lesson in anatomy, which proved not to be a joke on me, as I suspected, but an important and useful kindness on the good doctor's part.

Another specimen which he brought me was a fragment of a cavernous lung which was coughed up in the doctor's presence by a consumptive, who died soon after. The object was preserved in alcohol, and was observed with interest by a number of doctors and others who had never seen the like.

Instances of this kind attention to me were not rare. I assisted in surgical practice, receiving on such occasions valuable clinical lectures, as well as experience.

Dr. Gilbert, although a serious man in his profession, had a considerable vein of humor in his composition, and was fond of a practical joke, of which I was frequently the jokee. They were never played for the sake of teasing, but always for pure fun. I never knew of his playing a joke that left a sting, while many were really helpful, as, for example: He wished me to be acquainted with his friends, and had various ways of introducing me. At this time it was my custom to have my hair cut rather short, and to brush it upward and backward, without a part—a la Pompadour. He asked me to go to a certain home, to take notes of a certain case—remaining for some time, and report. Said he had already introduced me, and they were expecting me. Arriving, I was received with cordiality by the ladies of the house, and the patient. I observed, by lateral vision and otherwise, that there was some amusement manifested among the ladies, while there were furtive glances at my head. When we became better acquainted, they referred to their suppressed giggling, which they feared I had noticed, and explained that it was on account of the doctor's joke which they now understood. He had told them that I was a curious looking person, on account of the misfortune of having had a serious fright, which had "caused my hair to all grow the wrong way!" A good laugh followed, as did many others, as sundry of the doctor's jokes were related. (They had expected to see a fright.) A good laugh is conducive to sociability and friendship, and I was soon on intimate and friendly relations with the members of an excellent family—which relations were long continued.

Drs. Gilbert and Banks.

Dr. Gilbert was a man of high tone, carefully observing the ethics of the profession, conscientious and generous in nature, and of eminent ability. He promptly built up a practice by curing cases that had been the despair of the old school. He was the pioneer of Homœopathy in Georgia, and had to rely, as pioneers of that time had to do, upon himself, no consultation being allowed. He soon entered a wedge which rapidly made a rift in the allopathic sides of the community. It was not by argument—and it rarely is—that converts were made, but from the surprising results that could not be ignored.

In 1852 Dr. Gilbert's practice had become burdensome. He was overworked and overdevoted to his people, so his health failed. He wished to take a vacation and visit the family home in Jersey City. In arranging for this he took as a partner his cousin, Dr. Wm. H. Banks, then occupied with a good practice in Macon, but willing to make a change for a better field. In the fall Dr. Gilbert returned, but was not well enough to resume practice. He went that winter to Nassau, and in the spring returned to Savannah, hoping to take a steamer to bear him home to die—a strong feeling with many exiles who know their end to be near. This hope was not to be realized, and before the day for the sailing arrived—at midnight, with his pallid hand in mine, he sank to rest—his corpse, instead of his body in life, going to his first and last home.

I was sorely bereaved when my good and noble friend passed away, but the world must move on. Dr. Banks fell heir to the practice, library and office appurtenances. With him I continued my studies, assisting in practice, and graduating from the Medical Department of the University of New York, whence my preceptor and my brother had been graduated, in March, 1854.

In 1851, when the question of selection of a college was considered, the Hahnemann, of Philadelphia, was not overlooked, but it, the oldest homœopathic college in the world, was not organized until 1848, and had not at this time the equipment and other advantages for furnishing a general education, while the therapeutic feature could be attended to in the office with my preceptor and from books which were now becoming abundant.

Drs. Gram and Gray.

One strong inducement in favor of New York, with Dr. Gilbert, was that I could have the advantage of the advice and tutelage of Dr. John F. Gray, whose pupil he had been, who was in some way a family connection, and between whom and himself there was an abiding esteem and affection. Dr. Gilbert regarded Dr. Gray as the very crest of the profession, having no superior in the world. It was the same with Dr. Banks, who was also a pupil, and this seems to have been the impression made upon the minds of all the many pupils who had the good fortune to be under his preceptorship, the humble writer of these lines included. From my preceptor I learned much of Dr. Gray's methods and skill, and am to this day repeating many of his prescriptions.

I recall just now a recital of Dr. Banks of a case of which he was cognizant which illustrated Dr. Gray's skill as a diagnostician. The patient was a person of importance, and several of the most noted physicians of the city had dealt with it and decided upon it. It was approaching a termination,

and some of the friends, knowing of Dr. Gray's distinction as a diagnostician, insisted upon having his opinion, which was obtained. It was elaborate, giving the condition of organs in every cavity of the body. Death came as was predicted, and an autopsy, as requested, was conducted by Dr. Wm. Darling, an eminent anatomist and pathologist. Dr. Gray had not time to be present, so he sent Dr. Banks and Dr. Warner, both then students—the latter afterwards his son-in-law, to represent him. As matters proceeded Dr. Gray's diagnosis was confirmed at every point. Everything had been examined but the contents of the crainum, when Dr. Darling stopped, with the remark, "There is no use in going any farther, gentlemen; enough has already been disclosed to immortalize Dr. Gray as a diagnostician." The young men insisted on the completion of the examination, and when the encephalon was examined everything was found to be precisely as foretold.

It was in about 1828 that Dr. Gray, then well established in practice, and enjoying the fellowship of some of the most prominent physicians, heard of remarkable cases of cure by Dr. Gram, who had learned of Homœopathy and studied it in Germany, for which purpose he had gone thither, and returned to New York. It was a system to be tested, when it showed such favorable results.

The outcome of the investigation was the conversion of Dr. Gray, who adopted Homœopathy at great cost to himself. His practice fell off and he was under professional ostracism, but he was not made of the stuff with those who falter in a course which the judgment approves, and independence of thought and action was with him a prominent characteristic. He pursued the even tenor of his way, and soon was in the lead of many of his old friends on the way to distinction.

I was witness to an instance showing his inflexible independence. While he was living in La Fayette Place I had called to have a word with him before he should start out. It was about noon, when his office hours had expired, and he had opened the closet door and taken up his overcoat. One arm was partly in its sleeve when he looked back and saw a lady of elegance and fine furs enter. "Can't attend to you, Madam, office hours are over—must go out now!" The lady started to expostulate; again, "Can't attend to you, Madam!"—more emphatically, "office hours are over, must go out now!" A third effort was made, without effect, and the lady went off in a huff. The doctor finished putting on his coat while he walked about, talking in a muttering way to himself and those around (E. P. Fowler was then one of his students, and was present, and, like the rest of us, amused, as he went on): "I know why she won't come here during office hours—thinks its vulgar to come when others are here—thinks because she is rich she can impose on me—if they want to impose on me they must be poor," etc.

He then came to me with some kind words—sorry he had not more time, etc.—must come often—a kind message to Dr. Gilbert, and on he went.

In the early days of Homœopathy, when it was constantly attacked and misrepresented, Dr. Gray was its most active, valiant and effective defender. He wielded a trenchant and potent pen, and none entered the controversial arena with him that did not retire wounded and regretfully worsted.

During the days of The Homœopathic Examiner, edited by his brother-in-law, Dr. A. Gerald Hull, the latter stated that the editorial pen had as often been in the hands of Dr. Gray as of himself.

Dr. Gilbert's library contained about all of the early literature, in German, French or English, that had been published—the periodical literature especially, and I enjoyed following the controversy upon Homœopathy. Dr. Gray reminded the misrepresenters and defamers of the new school, that all of the members at that time in New York were educated gentlemen, members of the regular county society, who had been converted to Homœopathy by observation of its superior results.

Hahnemann, before the rabid days arrived, had been elected an honorary member of the society, but when sectarian zealotry became rampant and ostracism of members of the new school became general, that action was rescinded. The notice of this was mailed to Hahnemann, but failed to reach him during his life, which ended in 1845.

My second course of lectures closed, after four years of study, in March, and my diploma was issued from the University Medical College of New York, in 1854. During this last term I saw more of Dr. Gray and learned how highly regarded and looked up to he was. He was really the leader, and all deferred to him. By his eminent ability, his fitness for leadership, the trials he had borne, and his achievements, he was considered entitled to the position accorded to him.

The Institute Organized.

A homœopathic medical society was formed in New York, and in 1843 it called a meeting of all the homœopathic practitioners of the United States to consider the desirability of forming a National Society. Dr. Gray was the chief promoter. In 1844 the American Institute of Homœopathy had its birth, and Dr. Gray was the general secretary, which means that he was the chief worker. He never allowed himself to be named for president, as he had been so conspicuously active in the formation of the new organization.

In speaking to me, while I visited him during the meeting of the Institute at Brighton Beach in 1881, I remember he remarked, "That Institute is the child of my brain," in which he took great satisfaction, for it stood for an immense amount of labor and devotion on his part, while, as the oldest national medical body in the country it had become a large, noble and useful institution.

I called, subsequently, accompanied by Dr. J. P. Dake, Dr. Rush, and Dr. Breyfogle, all of whom wished to meet him, but he had gone to Saratoga, where he had been in the habit of going each summer, for some years. We left a written message, signed by the four of us, expressing our appreciation of his important services, our disappointment at not seeing him, our good wishes, etc. We never met afterwards, and he passed to his reward

before another meeting. In the Neurologist's Report, in the Transactions for 1882, will be found an obituary notice by Dr. H. D. Paine, who was, I think, a student with Dr. Gray.

In 1860, being in impaired health, I left Savannah for the summer, and called on Dr. Gray, for the pleasure of seeing him, and for advice—as I did a number of times, when in New York. He was kind, as always, and recommended me to go to the Adirondacks. I said: "All right, Doctor, you come along, you need a vacation." "I wish I could, but I can't get away now." And so it too often is with the overworked doctor.

From Dr. Gray's office I went to that of another old and distinguished friend, Dr. Edward Bayard, and told him of Dr. Gray's advice. "Just the thing!" he exclaimed. "Well, Doctor, you come along, you need the rest." "Yes, I do, and every busy man should take a vacation occasionally, but I cannot get away now. I greatly wish I could." I urged, but without avail, so I went with some other friends.

Again reverting to Dr. Gray, I should mention that, beside his classical acquirements, he mastered the German and French languages, which accomplishments were important in the early days of Homœopathy, as the literature of the school had not yet been translated to any considerable extent. He was well-known abroad, and all of the physicians of the new faith who came to this country visited him and partook of his well-known hospitality. If they were poor or in straitened circumstances, they were sure of relief at his hands. He always appreciated the benefits Dr. Gram conferred upon him and upon humanity. He, at one time, issued a circular, calling upon the physicians of his school to subscribe for a monument to the first prescriber on homœopathic lines in America. The response, I believe, was not sufficient, but Dr. Gray at a later time took it upon himself, and had a suitable monument erected in Greenwood Cemetery to his memory.

Beside Dr. Gray, who must always stand pre-eminent in my memory, I recall with pleasure, recollections of many of the older set whom I had the pleasure of meeting, including a number of those who, in 1844, organized the American Institute of Homœopathy. Beside those in New York, I remember pleasant interviews with those of other cities, particularly of Philadelphia. Constantine Hering could, of course, never be forgotten—so with Neidhard, Lippe, Williamson, McManus, of Baltimore; Holcombe, of New Orleans, and others. Of course, my knowledge of a later set, many of them graduates of the Homœopathic College of Philadelphia, I knew more intimately, largely, as colleagues in the Institute. It was always a joy to meet and co-operate with them, as it is now to recall them—many of them presidents or other officers of the American Institute of Homœopathy. There were Helmuth, Thayer, Talbot, Kellogg, Bushrod and John James (the latter living), Dowling, Dudley, J. P. Dake (who had four sons, all members of the Institute)—then there were Small, D. S. Smith, Ludlam, Cooke, Stout, of Chicago, now a veteran in Jacksonville, Fla., and others, each worthy of a book, but all of whom can only be admiringly and affectionately remembered in these glancing reminiscences, which afford the writer so much pleasure.

My College Faculty.

Now, to turn backward—for these are only rambling notes:

In 1854, after four years of study, in company with a large class of graduates from the University Medical College of New York, I received, with the usual pride, my diploma. It is embellished with some eminently distinguished names. John William Draper, LL. D., M. D., was president of the faculty, and a famous scientist and historian. He was professor of physiology and of chemistry, and author of an excellent text-book of each. His mind was a logical machine—always exact. He was a most impressive lecturer, and a writer in many lines. The best philosophical history within my knowledge—fascinating in the reading—is his "History of the Intellectual Development of Europe;" his "History of the Civil War" is also most valuable; his "Conflict Between Science and Religion" is a profound and instructive work; his numerous contributions to scientific magazines were important. He was an original investigator, and was the first to apply the discovery of Daguerre to the taking of human likenesses—Daguerreotypes. He ranked with the most eminent of scientists, and is remembered with gratitude and affection as a teacher.

Valentine Mott, M. D., LL. D., was the oldest member of the faculty, and was fond of reminiscences, which were always interesting. He had been upon the Nile, and told of the ophthalmia there. Had been in Europe, and been treated with honor by many eminent surgeons, etc. He was the most distinguished of American surgeons, and, as he contended that the American surgeons were the best in the world, that, of course, put him at the head of the list. He claimed superiority of the Americans as due to their being at the same time physicians, while the Europeans, especially the French, gave their attention more to the operation than the cure. (Is this not the case with some of our Americans now?) When men turn their attention much to operations they give less to prescribing, and usually become crude in this. Dr. Mott was an example of this and his prescriptions, and even his diagnoses, in cases of children, were often smiled at in his clinics by the pupils—he being regarded as a "back number" in that regard. He was editor of a translation of "Velpeau's Operative Surgery."

He was an industrious dissector, and, although very cautious and successful in his operations, he was a forerunner in the performance of a number of important operations—the ligation of the subclavian, etc. For some time he consulted with the earlier Homœopathists, and, had he been as brave and independent as he was skillful, and as were some of his old friends of the new school, he would have continued to do so; but he was politic, and not made of the stuff of which martyrs are made.

While lecturing upon the usual Vulneraries for contusions, sprains, etc., official and domestic, after mentioning a number of them, he continued, "And then there is the Arnica, which has come into vogue from our left-hand brethren, the Homœopathists; the people have gotten hold of it, and—I let them use it (!)"

He was too astute to suppose that he could pass it over without being criticised for an oversight, and did not wish to appear to be too ready in its use—although he really preferred it—for fear he might be suspected of a leaning to a medical heresy. Of course, the few of us in the class who were of the homœopathic persuasion understood the matter, and had our inward smile.

The old school societies, under the leadership of the less discreet, were now viciously sectarian, and would not tolerate a member who would consult with, or render assistance to, one of the new school—and no one desires to be regarded as a heretic—so Dr. Mott, prominent and grand as he was, yielded to this absurd domination. Had he been as courageous and high-toned, as, for instance, his old friend, Dr. Gray, he might have said to the society something like this: "Mr. President, I am sorry to feel compelled, on principle, to sever my connection with this society. It has taken an unjustifiable position, and I will not stand for it. Under the lead of some fanatical sectarians it would prohibit me and others from consulting with and assisting men of character, learning and ability, whom I know to be gentlemen, and my friends. This is horrible! It is in violation of the basic principle of our code of ethics, the Golden Rule. It is unwarranted, arrogant, inhuman, it is disgraceful; by all that is lofty, liberal and fair, it is wicked! I cannot abide with you under such a code, no more than the American people would abide with the English people while the stamp act remained unrepealed. Leaving my resignation with the secretary, trusting that a better view of professional duty may be taken, and that the society may again become respectable—Good evening!"

If Dr. Mott, or some strong man had risen to the occasion and spoken thus the society would have felt scourged and ashamed, and more reasonable courses might have been pursued; but the wave of proscription, partisan rancor and persecution was rising high; little minds, narrow but intense, were in control, while the milder, easy-going contingent was yielding and quiescent.

We have here something like an illustration of the old dictum that "the blood of martyrs is the seed of the church." The Homœopathists, naturally—forced to it by old school exclusiveness—formed their own societies, journals and institutions; and see what old school illiberality and unfair partisanship and misrepresentation have led to! In 1825 there was but one avowed homœopathic prescriber on this continent, Dr. Gram. Now, there are about fifteen thousand practitioners of the new school, with several times that number who are occasionally prescribing—knowingly or ignorantly—on the homœopathic principle—without giving credit to the source from which they have learned. What a change! And what a history is connected with it! (Touches on this point may be given hereafter.) As Mark Twain—philosopher, as well as humorist—has said, in effect, "If Homœopathy had done nothing more than it has done in the way of modifying the old and harsh method of treatment, it deserves well."

Dr. W. H. Van Buren, our professor of anatomy and clinical lecturer and operator in surgery, son-in-law of Dr. Mott, was a superb surgeon, and an elegant gentleman. He was my pattern for ease and grace, as well as thoroughness in operating. He never made a mistake, never dropped an instrument, and never made an ill-timed or unnecessary movement.

Alfred C. Post, M. D., professor of surgery, was a veteran in his branch, and was said, in his long and illustrious life, to have performed more operations than any surgeon in New York. He was cautious and successful. He was very conscientious and thorough as a teacher, and way in every sense a good man.

Prof. J. A. Swett, of the chair of practice, was another most conscientious and thorough teacher. He was chief physician of the City Hospital, a man of large experience and thorough devotion to his profession. His pupils always felt after his lectures that they had had the best that could be said upon his subject. He was not a heavy-handed doser, and I remember that when he had gone over all the medicaments in use for inflammatory rheumatism he remarked that, after all, he agreed with an old doctor friend of his, who said that "the best thing he knew for this disease was about six weeks." He was not so much of a polypharmacist (jumbler) as were some of his colleagues.

Prof. Gunning S. Bedford, of the chair of obstetrics and diseases of women and children, was a capital instructor of much experience as a practitioner and a lecturer. He was always impressive. His text-book on Obstetrics was highly regarded, and his obstetrical forceps, still in use, have done good service upon all the occasions upon which they have been called in requisition during fifty-four years. His clinics were always well attended, for there was sure to be found there both instruction and entertainment. He was exceedingly tactful, and had original ways of impressing his lessons. For example: A voluble Irish woman entered for examination before the class. The necessary remarks having been made upon the case, the professor called out: "Write, Doctor, for twenty grains of powdered rhubarb." "Oh! no, no, no, Doctor, Dear, I niver can take rhubarb—anything but rhubarb—it ruins me, it it terrible on me, it tears me all to pieces; anything but rhubarb." "Ah, how fortunate it is that you are a woman of such good sense as to tell us that. How dreadful it would have been if we had made that mistake. We don't want to ruin anybody here. Tear that up, and write, Doctor, for Pulv. rhei, one scruple. You can take that, I suppose, madam." "Oh, yes, sir; anything but rhubarb."

Directions were given with impressive instructions

to the patient to return and report at next clinic day, as "these gentlemen are all very much interested in your singular case." Upon her reappearance the doctor greeted her with great cordiality, for he was a grandmaster of effusiveness. "Ah, my dear madam, how glad we all are to see you. This, Gentlemen, is the lady upon whom we were about to commit the egregious blunder of giving powdered rhubarb when she showed her excellent sense by arresting us with the information that she could never take the vile stuff; that it ruined her, etc., anything but that. You remember we then changed the prescription to Pulv. rhei, and now, Madam, please tell us the difference you found between the action of these two medicines."

"Oh, it was beautiful, Sir, not a bit like that horrible rhubarb. No grippin', no scourin', nothing but an iligant cleanin' out," etc.

The woman departed, after having had many compliments showered upon her head. The professor gave the class a significant quirk of his head with the remark: "You will have to know more than the difference between powdered rhubarb and Pulv. rhei to practice medicine." And I do not suppose any of us ever forgot it.

Another reminiscence, but not so long, illustrating the doctor's readiness pushes itself to the front. One of those inconvenient clinics, particularly who are wanting to know too much, had the doctor in her toils, and insisted upon knowing "What is the name of it, Doctor?" "Exomphalos, Madam," was the prompt reply, which was amply satisfactory. This pretty Greek term has served me, and probably many others in good stead with many an inquisitor when the seat of trouble was far distant from the umbilicus.

Prof. Martyn Paine, of the chair of materia medica, was a man of mark, and highly regarded. He was an extensive writer, the author of "Institutes of Medicine," a book on materia medica, etc. He was the head of the vitalist school, and his pet abomination was what was denominated at the time the humoral pathology. He was of the old style in his therapeutic methods, and his great hobby was bleeding. He held with tenacity to this obsolete, "heroic," abominable practice, after it was generally discarded by the more advanced physicians. I was told that when he was younger, and in active practice, he rode a black pony, and as he was said to have bled so many patients to death, he was dubbed, as a jest, "Death on the Black Horse." He was a faithful teacher, and was viewed affectionately by the members of his numerous classes. Great men, however, sometimes are given to blunders, and the good old doctor, who was writing for journals in the earlier times, made a most unfortunate one when he undertook to expose the fallacies of Homœopathy, and tell his readers what it was, while he was, as is generally the case with those who criticise, without being qualified by knowledge of the subject, and such proved to be conspicuously the case with Dr. Paine. As he was a prominent assailant he was taken in hand by Dr. John F. Gray (in the Homœopathic Examiner), who exposed him, and his misrepresentations, and ignorance of the subject, in such a clear and even severe way that I cannot help thinking he must have regretted that he had written. He probably repented, for I never heard him in his lectures make any slurs upon Homœopathy, as did some of the others at times, but not often.

I have now mentioned each of the members of the honored faculty of the Medical Department of the University who attached their autographs to my diploma in 1854. They all held high places in my esteem and affection, for they were a grand set of men, far above many professors I have known, and it would be a gratification to me to know that they are all in a sentient state, taking note of the fact that I, after fifty-four years from our parting, am thinking and writing kindly of each.

Yellow Fever Epidemic in Savannah in 1854.

The coveted diploma secured, I returned to Savannah, and at once formed a partnership with my preceptor, Dr. Banks, whose practice was large. During the four years of student life, in the way of assisting Dr. Gilbert, and afterwards Dr. Banks, I had become pretty well-known to the clientele, and familiar with the sick-room. As seniors in a partnership have a way of putting upon the juniors all things they do not find it convenient to attend to I was at once a busy man, especially as there was more than the usual amount of sickness prevailing.

At this time the city claimed 20,000 inhabitants —about half white—with about the usual proportion of physicians—five being of the homœopathic school, all middle aged or young, and ready for active work. The season had not advanced far before whisperings of yellow fever were heard, but physicians were chary about reporting cases, as there was always a feeling of resentment felt toward the first to give the alarm—thus "injuring the city"—and the existence of the scourge was well under way before the fact was accepted. I saw my first and most rapid case in June. It was more than a month before the board of health declared the disease epidemic. In the meantime many had fled; but now there was a stampede—all fleeing who could get away, the city soon showing an appearance of desolation. Of course, all could not get away. The ministers stood their ground, and the physicians, all but two, and these never resumed practice. There were many acts of heroism displayed, for there were many noble men and women there, and the times were such that tried the souls of men and women. Many had to remain to attend the sick and bury the dead. Ostentatious funerals were dispensed with. The hearse and one or two carriages constituted the cortége.

I had been anxious to see off some relatives with whom I lived, and who, I felt, should go, but who would not if I should be taken ill, which I looked for as a certainty, as I was greatly exhausted from over-work. I was much relieved when I saw them on the cars, and drove to my room, that of Dr. Banks, as we were bachelors, and went to bed, feeling the necessity of a little rest. I had not been there long when my partner returned, having been vomiting along the street. He was ill with the fever. To remain in bed with more ill cases on

hand than both of us could attend to, if well, seemed impossible. I started out again telling patients that I would come again, if possible, but was doubtful of my ability. As it proved, I grew better, even with the hard work and heavy responsibilty, and kept going until late in the season, when my turn came for a severe attack.

Dr. J. Montford Schley (father of our friend of the same name in New York), the oldest of our force, made two consultation visits to my partner with me. The following morning his brother, Freeman, a recent graduate, came in his place, and announced the illness of his brother, and speaking of the horrible condition of things, said that as soon as his brother could be moved he would take him to the family home in Augusta. This he did, and, leaving him, returned to Savannah. He was taken ill that night. I saw him off for Augusta in the morning, at which place he promptly died of the fever. Nothing was talked of but sickness and death.

Instances of flight, with the fever on, followed by death, were not uncommon.

My partner's attack was severe, and as soon as he could be moved he went to "the salts" (Beaulieu), as was a common custom, for recuperation. About this time I was called to attend Dr. Knorr, who, as soon as able, went to the country for restoration.

This left me, the youngest and only one of the five of our own school, without a counsellor or comforter, for the spirit of sectarian hostility to Homœopathy was at that time strong, partisan enmity was fierce and unreasoning, and medical society regulations forbade consultations with Homœopathists, even if patients should perish as a consequence. This condition of severe trial continued during a considerable portion of the worst of the epidemic, which saw the burial of fifty-one victims in one day. This was just after the fearful gale which threw down trees to such an extent as to make the streets impassable. Many houses were unroofed, and funerals were delayed. Even physicians' visits were impossible for a time. Dr. Wildman, a prominent physician, was followed to his grave by the servants of his house alone, no white person attending.

It was in the latter part of September that my turn came for a wrestle with the scourge. I was so worn from work and a feeling of responsibility that when I found myself so ill that further effort was impossible, and no duty could rest upon me, I really had a feeling of relief, though suffering and in danger, as I knew myself to be. I felt that I had fought a good fight up to that time, and that I was entitled to some repose, either in life or in death.

Dr. Banks had now had some weeks for recuperation, and concluded to come to the city to see how I was getting on. The first call he made was on me, whom he found prostrated with the dire disease to such a degree that he informed friends that I was not likely to survive. He returned to the country in the afternoon, as no one who could get out thought of remaining in the city over night. Those who went away to recuperate were generally careful to remain away until after frost, when the epidemic was declared over, but Dr. Banks continued to come in for awhile each day, and, while my attack was violent its severity soon subsided, and in ten days I was prescribing again.

Knowing that it would be unreasonable for me to expect to escape, considering all that was upon me, I engaged a nurse with whose competency I was well acquainted, paying her wages from the moment, with the understanding that under no circumstances was she to fail to respond when I sent for her. When the time came she responded promptly, and to this precaution I believe I owed my life—for good nursing is the paramount consideration in dealing with this fierce and treacherous disease.

I cannot attempt to detail the scenes of anguish, horror and despair that were disclosed by that appalling season. They shook the stoutest heart; they developed the most noble generosity and self-sacrifice. Ten physicians lost their lives in a population of, perhaps, 8,000 white people. Fortunately, the negroes were not affected seriously that season, while in the epidemic of 1876 they were quite largely attacked, and added greatly to the general mortality. The mortality from all diseases during the season of 1854 was about 1,000, principally whites. The mortality among physicians was, as far as my knowledge goes, unparalleled. In 1876, another fearful season, the whole mortality was about 1,000 also, but the population was probably double or more, and the negro proportion was much larger. In 1876, with the greatly increased population, two deaths were counted among physicians. But two physicians escaped the sickness in 1854—Dr. Arnold and Dr. Wragg—both old yellow fever birds.

Thanks to the investigations of Major (Doctor) Reed and his coadjutors, exposing the stegomia sallopus—formerly called culex and then stegomia fasciata—as the sole conveyor of the pestilence, we need have no further fear of such fearful visitations.

During the season every physician was a marked man, and well-known, so that I needed no introduction after that, nor was I required to go through the usual novitiate period in becoming established in practice. And so with Homœopathy, which bravely stood the test, making, as in other cases, a splendid record.

After four years of agreeable association, the partnership of Banks & Orme expired, but the friendship of the partners continued uninterrupted until the death of the senior, about twenty years after.

Removal to Atlanta.

In 1858 occurred another epidemic of yellow fever in Savannah, although not of so severe a character, from which I again suffered. During this season I treated, as did other physicians, a number of cases of persons who had been victims during the 1854 epidemic. The degree of immunity produced by one attack is an uncertain quantity, not to be too confidently relied upon.

In 1878, after the fearful epidemic in the Mississippi Valley and elsewhere, Dr. Conrad Wesselhœft, president of the American Institute of Homœopathy, from certain considerations, appointed the Homœopathic Yellow Fever Commission. The commission was composed of Dr. W. H. Holcombe, chairman, a noble leader; Drs. T. V. Verdi, Harper, J. P. Dake, W. S. Breyfogle, E. H. Price, P. J. Murrell, L. A. Falligant, B. W. James, L. W. Morse and F. H. Orme. These met in New Orleans in December, 1878, and spent much time in investigating the subject of yellow fever generally, and particularly the comparative results of homœopathic and "regular" treatment. A report was made to Congress, showing that from the best information obtainable, it was evident that the homœopathic mortality was less than half that of the old school. But three of the commission are now living, Drs. Price, Breyfogle and Orme. The majority of the commission were yellow fever experts.

I was forced to the conclusion that my days of usefulness were over. I was compelled to resign membership in the Georgia Huzzars with which I have been associated for six years. The corps was limited to seventy-five members, and was preparing for military service, and every member should be an able-bodied one. Sad as it was I felt it a duty to give place on the roll to an efficient member. My resignation was followed by my being placed on the honorary roster. This was in the spring of 1861.

It is a striking illustration of the impossibility of estimating longevity, that while I was considered as likely to be the first to fall before the great reaper, I am now in my seventy-fifth year, one of not more than six of that seventy-five—all then, but myself, in vigorous health, young, strong, eager soldiers—now remaining to indulge in reminiscences.

In the fall of 1861, feeling that my professional day was done, reduced in weight and strength, and with the heavy hand of progressive disease upon me, I determined to abandon an established practice, to get away from its anxiety and responsibilities, and spend my few remaining weeks or months among relatives and friends in Atlanta. The effects of this relief was surprising; improvement of health was rapid; I could never be idle, so I opened an office and was soon busily engaged in practice, and so have continued through the intervening years.

On January 16, 1867, came a red-letter day of my life, when a competent authority pronounced me the husband of Miss Ellen V. Woodward, with whom I have enjoyed over forty-one years of married life, with harmony devoid of a single jar. This recalls, again, my good friend, Dr. Gray: The war between the States cut off for some years the communication which had previously been kept up between us. The time arrived when the spirit moved me to re-open our correspondence, and inform him of the happy change in my life. I still have the kind keepsake letter I received in reply, in which occurred these words: "God bless you, my dear Orme, and give you domestic harmony, the greatest of all earthly blessings." This has seemed like a benediction, fully realized. The dear Doctor, who deserved so well, had much trouble, and finally lost the last member of his family, and was left to pursue his lonely way adown the declivity of life's course. How inscrutable does all this seem!

Another red-letter day in my memory was that in June, 1886, when, while on a bed of illness at home, I received a telegraphic dispatch from Dr. J. W. Dowling, saying that he had been appointed a committee of one, to convey to me for the Institute, its regret for my illness, its hope for an early recovery, and to announce that I had been unanimously elected president of the American Institute for 1887. The honor was an unusual one, an absentee having never before been elected. My appreciation was expressed in a telegram, and in the presidential address which was delivered at Saratoga in 1887, and which will be found in the Transactions for that year. It was "medicine by telegraph" they sent me. Having joined the Institute in 1859, having attended the sessions whenever possible, and having contributed papers, and otherwise participated in the transactions through all the years; and having always enjoyed the fraternal greeting of many old friends, I was reasonably well-known to the memebrship, and consequently felt elated and flattered to find myself in the presidential chair, without solicitation of the office, or any intimation on my part that I desired the position; and to this day I am thrilled with a sense of pride and gratitude when I think of the general respect, kindness and deference shown to me during my incumbency—all of which tended to the harmony and usefulness of the meeting.

To dwell upon all of this would be unseemly; indeed, it is painfully difficult, even when urged to the task which has afforded pleasure, to avoid an appearance of egotism. Incidents keep welling up in profusion, in memory, and the superlative difficulty now is to stop. It is twenty-one years since the last event here recorded, which has brought these pleasant recollections down to a sufficiently recent time.

I cannot refrain from availing myself of the opportunity now afforded, of sending a fraternal and affectionate greeting to my esteemed comrades with whom I have long co-operated in the cause we loved so well when they "gather at the river" at Kansas City, at the session of our grand old Institute.

THE PREPARATION OF VACCINES.

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The most important point in the opsonic treatment of a case is the securing of a proper vaccine. The requisites for a good vaccine are four:

1st. The toxine of the vaccine must be as nearly identical with the toxin of the organism infecting the case to be treated, as possible.

2d. All germ life must be destroyed.

3d. The vaccine must be put up in such a manner as to be incapable of infection.

4th. The vaccine must be in such a form, and be made up of such ingredients as to be least objectionable when administered.

The first of these requirements has two essentials; the retention of the toxin of the culture, which has been isolated, during the manipulations of preparing the vaccine, and the securing of a culture whose toxin is as similar as possible to that of the infecting organism. This last point will be reserved for later discussion and for the purposes of this paper the toxin in the culture tubes will be accepted as identical with the pathogenetic toxin.

The present methods of vaccine preparation are open to criticism, in that the vaccine, in the attempt to be sufficiently sterilized, is partially robbed of its toxic value, since heat is destructive of the toxalbumins. Further, heating to 60° C. is not an absolutely sure method of sterilization. Even with the organisms of such easy sterilizability as are commonly met with in opsonic work, it is no uncommon thing to discover an imperfectly sterilized vaccine by the physiological test, and cases are on record where even this precaution has not proved sufficient. Sterilization by antiseptics, to obviate this difficulty, has been deemed impractical as the antiseptic, if strong enough to be sufficient, would cause irritation, at least, in the tissues into which it was injected. So that the vaccine, notwithstanding its practical utility, is a product far from perfect.

The oral administrations of vaccines, advocated by us in the March Century, does away with a large part of this infection. But if it were certain that the dose to be ingested by the patient contained absolutely no live organisms, the treatment could be used with greater assurance; and could some less destructive mode of sterilization be devised, there would be hope of a more speedy and a more certain cure. In a vaccine to be taken orally there is no objection to a strong antiseptic, providing the antiseptic itself is not poisonous. Since the stomach is capable of handling many irritants that would cause trouble if injected into the subcutaneous tissues, we have only to search for a palatable and sure antiseptic. Bichloride of Mercury or Formaldehyde, our best antiseptics, are out of the question, of course, because of their poisonous properties. Lysol and the other phenol derivatives, commonly used as preservatives in vaccines to be injected, are ruled out by their taste, if for no other reason. Alcohol suggests itself as the most feasible agent. It certainly is convenient and easily handled, and its taste, when diluted, is not objectionable. If it should prove sufficiently antiseptic and innocuous to the toxin, it could be advantageously used as the means of sterilization. Miguel classes it as "freely antiseptic" and says that it is certain in its action in a strength of one to ten. Different authorities give it different ratings, De La Croix claiming it to be sufficient in as great a dilution as one to twenty, and all admitting its antiseptic powers in 40 per cent. solution. In this strength it has been used very largely for the preservation of pathological specimens and in this extensive test it has proven very efficient, inasmuch as the development of any infection in these preserved specimens is exceedingly rare. It would seem, therefore, that if a strength of 50 per cent. or greater be used in preparing the vaccine, that there would be absolutely no danger of any life remaining after a few hours.

This leaves the question as to whether the alcohol is destructive of the toxin. Does the toxin in being precipitated by the alcohol lose any of its toxic value? Vaughan, when personally interviewed in regard to the subject, said that alcohol has no action otherwise than to precipitate a toxin, the precipitate retaining the identical toxicity that it had in solution.

Having thus the sanction of the authorities, let us see if physiological experiment is in accordance. Vaccines were prepared containing between two and one-half and three billion staphylococci aurei in every two cubic centimeters. The only sterilization that these received was 30 per cent. alcohol, which was allowed to act for two hours. The injection of 2 C. C. into each of four rabbits produced infection in no case, but each rabbit suffered from the toxæmia usual after such a dose,—malaise and glandular enlargements coming on from three to five hours after the injection and lasting, at most, six hours. The rapidity with which the toxæmia followed the injection, and its fleeting nature proves that it was a toxæmia and not a mild infection. It would seem, therefore, that if a strength of 30 per cent. for two hours proved capable of sterilizing such a great number of germs, that the use of vaccines containing only one or two hundred million germs per cubic centimeter, on which 50 per cent. alcohol has been allowed to act for more than six hours, should be attended with absolutely no danger of infection. It should also be noted that the vaccines, although preciptated by the alcohol, had lost none of their power, as the rabbits were just as seriously affected as were rabbits treated with similar strengths of like germs sterilized by heat.

Therefore, I have felt justified in using vaccines that were sterilized by alcohol alone. Four months' experience has confirmed me in the practice, as there have been no instances of bad effects, and as the vaccines in a few cases seem to have a heightened efficiency. This method entails much less labor in making up the vaccine, for, as soon as the alcohol is added and the product tubed, the work is done, the troublesome process of keeping a water-bath going at 60° C. for an hour being done away with. The vaccines are not only aseptic, but antiseptic, so that if by any accident there should be any infection, it will immediately be taken care of before harm is done. It is not claimed that this method is infallible in the case of the spore forming germs, such as tetanus; but such germs are extraneous to a good vaccine, it being faulty work on the part of the opsonist if there be a possibility of such contamination. Moreover, since the heat sterilization cannot be said to work at all in the case of such resistant germs, these objections are more hypothetical than practical. The common

opsonic germs being among the lowest in viability are, therefore, all the more certain of being destroyed.

In this manner there is developed a vaccine which fulfills the requirements more fully than any which have been heretofore prepared. The toxin is retained unaltered, and with an increased surety of sterilization. When given by mouth you have an agent which is as innocent of bad results as could well be imagined. All qualifications have now been met but the third. Therefore, the style of container for the product must now be considered.

Ounce vials in which the vaccine is placed in bulk and which are closed by a double layer of rubber dam stretched over the mouth are in almost uni-

the tube. This needs to be fairly fine and about an inch long, so that it can extend into the neck of the capsule and facilitate its filling. An approximate calibration is now made and the point found on the tube above the bulb where the one cubic centimeter mark will come. The tube at this point is drawn out so as to constrict the lumen. Several inches of the tube is left above the constriction and a rubber nipple fixed over the end, with an elastic, so that it is air-tight. The finished pipette is then accurately calibrated (with mercury, and the balance or against a burrette) and the point determined in the constricted portion which fixes the 1 CC. mark with great accuracy (Fig. 5). It is comparatively easy to make an instrument in this manner that is accurate to one CC. Great importance must be at-

to make thirty capsules in fifteen minutes. After the capsule is filled a few moments' heating of the thin neck and a pull with the forceps (Fig. 3) will hermetically seal it (Fig. 4). All this work may be done with an ordinary Bunsen burner, although a blast lamp is a great convenience and will make the manipulations even more rapid.

The filling of these capsules is an easy matter with a capillary pipette. A very good pipette may be made from a common 1 CC. mouth pipette. A capillary is drawn on the distal or unloading end of

most painstaking provings of drugs. So thoroughly was all this work done that to-day, with all the advantages of modern methods and aids in examination, drug symptoms recorded by Hahnemann could only be verified by the Provers' Society.

How are we to explain "Similia Similibus Curantur," the principle upon which the foundation of Homœopathy is laid? Were it possible to tell

*Read at a meeting of the Cleveland Homœopathic Medical Society, April 8, 1908.

why two negatives makes a positive; why two tones of equal vibration result in silence; why a frozen foot should be plunged into a snow-drift instead of an oven to save it, then could we also explain why a drug will cure a condition similar to that which it will produce. Like scores of other scientific truths, Homœopathy is capable of being demonstrated only by the results attained. These results were attained hundreds of times by Hahnemann before he proclaimed his new therapeutic law and so frequently has this law been demonstrated by his followers as to preclude all possibility of doubt.

Although we cannot give a reason for the action of the similar remedy, we are, at least, permitted to theorize as to how it acts.

Hahnemann came marvelously near the truth when he claimed that diseases were "purely dynamic disturbances of the spirit-like vital force." We, with our superior advantages in the laboratory and with the microscope, can only present a similar idea in a more conceivable form.

In the protoplasm and cells of the body are locked the secrets of nutrition, life, growth, health, disease and death. We feel convinced that the advanced thinkers of our school are right when they claim that health is a state of equilibrium maintained in the functional activity of these cells and their relation to each other. Disease is a disturbance of this equilibrium caused by an irritant within or without the body. A minute dose of medicine capable of causing a disturbance similar to that already existing is administered. The one disturbance counteracts the other, and the equilibrium is restored.

The homœopathic action of drugs, then, is an exceedingly delicate matter, hence an exact application of the similar remedy excludes alternations, combinations, or compound prescriptions. The provings have all been made with single drugs, and since most remedies have such a wide range of action, they seem peculiarly adapted to overcoming disease single handed. Drugs in alternation would probably set up two distinct disturbances of molecular action and conflict with each other enough to retard the cure. There are no two remedies in the Materia Medica, no difference how similar in some respects, which are not diametrically opposite in others.

For instance, take Rhus tox. and Arsenicum, recently prescribed in alternation by a physician for a restless grip patient. The restlessness of Rhus is relieved by motion, that of Arsenic is not; Rhus has its chief aggravation before midnight, Arsenic after; Rhus causes rheumatic affections, typhoid conditions and a vesicular eruption of the skin, Arsenic produces fatty degenerations, destructive inflammations, anasarca, serous effusions and dry scaly eruptions. If one is indicated, the other certainly is not.

Remedies may complement each other; one may take up the thread of action where the other has left off, but alternation is unscientific.

Practice in the use of the single remedy is a distinct advantage to the practitioner, for it gives an opportunity to cultivate the powers of observation, individualization, and differentiation so valuable to every physician.

The day is past for the infinitesimal doses of the Homœopath to be the object of ridicule. Potentization has two effects upon drugs. It reduces the quantity, thereby lessening the danger of aggravation, and, at the same time, by the division of the molecules, increases their activity. The more a drug is attenuated, the more active it becomes and the less frequently is it necessary to repeat the dose. We all appreciate the effect of attenuation upon such substances as Silicia, Lycopodium and the Calcareas, inert in their crude form, but in a potentized state the most powerful remedies in our Materia Medica.

If the basis of all life is an infinitesimal speck of protoplasm; if the natural bodily resistance to disease is secreted in microscopic leucocytes and opsonins; if the most virulent diseases known are caused by micro-organisms, then Hahnemann builded better than he knew when he claimed that the therapeutic advantage is with the attenuated remedy.

So much in explanation and defense of the principles of Hahnemann. We shall proceed to show how the similar single potentized remedy gives Homœopathy distinct advantages over every other system of medical practice.

In Homœopathy there is uniformity. For the same condition, or the same group of symptoms, the same remedy is used the world over. There is variableness also, for a score of people may be suffering from the same disease, yet each require a different remedy. It produces no heart depressions, no gastric disturbances, no salivation, no metastasis of diseases, no wrecked nervous systems, no sudden deaths from over-dosing. Its absolute harmlessness, we question. Where the action is that of molecules of matter upon the cells of the body, remedies should not be given indiscriminately, nor the same remedy continued indefinitely. People who take the least medicine are the most responsive to treatment.

Homœopathy is specifically adapted to all conditions amenable to medical treatment. Whether it be a wart on the finger, a pain in the ovary, the worst form of meningitis or cholera infantum, a peculiar mental state, an inherited dyscrasia, a weak constitution, a strange temperamental condition, an unusual symptom that cannot be classified, a stage of disease too early for diagnosis, it matters not, it is possible to find a remedy that will cover the case. While the old school physician is attempting to cure a congested left ovary with a tonic, a sore throat with an alterative, a bilious attack with a physic, the skilled Homœopath selects the remedy that goes straight to the mark.

The selection of the remedy is fascinating work. Sometimes one peculiar symptom gives the clue to the whole situation. For instance, in my early hospital and dispensary experience, a woman who had been insane for almost year, was cured by Thuya 30, three doses administered each week for six weeks. After many remedies had been tried,

warts were discovered on her scalp under the hair, and on consulting the Materia Medica, Thuya was found to cover the case in its totality.

Another case of enlarged prolapsed uterus failed to yield to treatment, both medical and local, until the clew to the remedy was suggested by the patient's dreams, and then Platina gave speedy relief. The striking way the picture of the drug reflects the symptoms of the patient does not come by chance. It is the Creator's foresight for the care of His people by a natural law. When Homœopathy fails in curable cases, the fault is with the prescriber or the patient and not with the method.

It is a most reliable and stable method of cure. Belladonna, Rhus toxicodendron, and Veratrum album are just as efficient in scarlet fever, rheumatism and cholera infantum as they were fifty years ago. As much cannot be said of any other school of medicine. Each decade finds them abandoning old remedies and lauding the new, which, in turn, they also abandon as useless or harmful.

In the stability of Homœopathy lies also its disadvantages. Some physicians have been content to confine all their endeavor to the search for the Similia. They have no special interest in modern methods of diagnosis, nor in the new discoveries in the laboratories. They are our finest prescribers and they cure many patients, but in these days when people are restless, ever clamoring for new things to do and new worlds to conquer, the laborious search for the indicated remedy does not appeal to all of the young members of the profession. They use the homœopathic remedies in a routine manner and they fail. Perhaps they have not been taught the best there is in Homœopathy. At any rate the kaleidoscopic conditions of the allopathic school allures them. Its continual changes seem progressive, and we are confronted with the facts presented to us at Atlantic City in 1906, that the number of students in the homœopathic colleges is on the decrease.

But why should any reasonable person turn from that which is, to that which is not, but eventually will be? It would seem like exchanging a butterfly for a cocoon, or a frog for a polly-wog. If we are at all adept in reading the signs of the times, the advance guard of medical and scientific men are on the high road to Homœopathy. Every new theory advanced in the cure of disease leads a little nearer to the similia. Every important discovery in science substantiates the principles of Hahnemann.

The X-ray demonstrates the increased power of a highly attenuated form of electricity. Radium, with its emanations continuing year after year, with no appreciable decrease in substance, indicates that we do not yet understand the extent or influence of the divisibility of matter. Both X-ray and radium seem harmless, produce no sensations of heat, pain, or contact—yet they are extremely dangerous. Destructive of tissue themselves, their therapeutic effect is upon diseases which produce a similar destruction.

Trudeau, of Saranac Lake, takes the apparently useless Tuberculin, attenuates it in precisely the same method as taught by Hahnemann, and in doses of one ten millionth of a gram, finds it an active principle in the treatment of tuberculosis. Horace Fletcher teaches that food should be chewed until thoroughly attenuated before being swallowed, claiming less food is required and the cells more readily absorb the nutrient matter.

Von Behring was criticised for statements he made in a public meeting, "lest his words prove grist for the mill of the Homœopaths." Von Behring replied he was seeking the truth and wherever it led he would follow.

Creosote has been condemned in phthisis because it interferes with nutrition. Strychnine has been weighed in the balance by the sphygmograph and found wanting in heart failure. The much lauded internal antisepsis in fevers has been pronounced worthless. Osler himself has lost faith in drugs.

Cabot acknowledges that the tendency in therapeutics towards "Similia similibus curentur."

Wright, guided by his opsonic index, teaches the futility of local applications and internal antisepsis and claims the only really beneficial way to treat, at least, the germ diseases, is to raise the opsonic index, in other words, to increase the bodily resistance to disease. He advocates curing the disease by the product of the disease, which is but a step removed from Homœopathy.

Watters, the greatest pathologist in the homœopathic school, is engaged in the same kind of work. With his microscope, he observed the opsoinc index rise after every dose of Natrum sulphuricum 200 until the patient suffering with chronic diarrhœa was cured.

Truly we have come to that future time prophesied by Wesselhoeft thirty years ago, "When we may enjoy the privilege not only of contemplating what we have cured, but also how it was done."

Homœopathy has had a great past. It will have a greater future, and part of that future is ours.

A great field of opportunity and research work lies open before us. It is ours if we choose to go in and possess the land of promise.

There is no reason why we should not have in our school of medicine, not only the best prescribers, but the best surgeons, the best diagnosticians, the best pathologists in the world. There is no reason why we, as a school, should not take an advanced stand in the prevention of diseases, anti-tuberculosis work, and better sanitary measures.

An institute for research work should be equipped and endowed by money possessed by the adherents to our faith. And there the work suggested by Dr. Watters could be carried on, on a larger scope. It seems probable the potency question, the vaccination dispute, and all old and new methods of cure could there be forever settled.

It would be a pity if, through our own indifference, we fail to grasp the golden opportunity and allow the fame, which should be ours, to be acquired by the dominant school; for Hahnemann was not a theorist, he was a thinker; not a dreamer, but an investigator; not an inventor, but a discoverer, and "the discoveries of great men never leave us; they are immortal."

Otology

ON THE NATURE, CAUSES AND TREATMENT OF HEAD NOISES, BEING A GUIDE TO THE GENERAL PRACTITIONER.*

BY A. E. IBERSHOFF, M. D., CLEVELAND, O.

Tinnitus Aurium may be defined as any subjective noise, heard in one or both ears, as the result of some abnormal condition in any part of the body. A noise is termed subjective when it is produced in any manner other than the specific stimulation of the auditory nerve by sound waves. In accordance with this definition we are constrained to designate the normal perception of sounds as objective. Yet, there are in addition to these sound phenomena, others emanating from some source within the ear, known as Entotic Murmurs, objective sounds which can be heard by the examiner with or without an auscultation tube. These sounds arise from varying sources, e. g., abnormally developed blood vessels, especially the jugular vein giving rise to the well-known "venous hum," frequently met with in cases of anæmia; abnormality or malposition of the bulb of the jugular, transverse sinus or carotid within the tympanic cavity or dilation of the tympanic vessels. In such cases the Entotic Murmurs are pulsating in character and synchronous with the patient's heart beat, a fact which frequently goes unnoticed by the patients until demonstrated by the examiner. Entotic Murmurs may also arise from contraction of the tensor veli palati muscle, resulting in a forcible separation of the walls of the Eustachian tube. Similarly, a clonic spasm of the tensor tympani muscle sometimes produces a peculiar clicking drum-head. A bruit somewhat resembling the sound of normal inspiration, as heard through a stethoscope, is experienced by patients in whom the Eustachian tube is abnormally patulous, and a characteristic crepitation follows inflation by either Politzer's or Valsalva's method, whenever there is an accummulation of exudate in the middle ear. In cases of perforation with purulent exudation, the effervescence resulting from contact of hydrogen peroxide produces a detonation not unlike a distant cannonading. Entotic sounds may, therefore, be defined as abnormal objective noises and are of interest and value as diagnostic signs of the conditions which produce them. My object in mentioning them is merely for the purpose of clinical comparison, with the far more common, more vague and more resistant subjective noises, which may be grouped under the term, Tinnitus Aurium.

According to Politzer, tinnitus aurium is present in two-thirds of all patients suffering from aural disturbances and is a symptom second in importance only to that of progressive deafness. It is frequently the only symptom of which the patient complains, owing to the fact that his hearing, though it be reduced, is still sufficient for the demands of everyday life, and only by actual test does the patient become aware of the existing impairment of function. The converse is also true, that a patient be oblivious to head noises, owing either to excessive physiological stimulation or to greatly reduced sound perception. Proof of this statement is found in the fact that many patients complain of ringing in the ears only in the absence of external noises, the symptom disappearing at other times owing to the predominance of normal sound stimulation. Again, patients in whom tinnitus co-exists with progressive deafness may experience a gradual relief of the head noises owing to the increasing loss of nerve perception, a welcome surcease from a most exasperating, tantalizing, at times maddening symptom, purchased at the price of a lost function.

There exists, therefore, frequently a well-defined relationship between head noises and the hearing faculty, between internal and external acoustic stimulation, if you please, the one supplanting the other, according to circumstances. Tinnitus is usually worse at night, may be intermittent or continuous, and usually increases with the progress of the disease, until involvement of the labyrinth with destruction of the nerve fibres ensues.

Causes.

A classification of the cause of head noises, while at best arbitrary and lacking in accuracy, is of value more as emphasizing the wide range of possible contributing factors. It will serve as an aid in diagnosis, but, unfortunately, in the majority of cases is of little value from a therapeutic standpoint. We may, for convenience, divide them into three general classes—local, systemic or both. Among the local causes are those affecting any part or all of the auditory mechanism, e. g., diseases of the labyrinth, auditory nerve or auditory centres, impaction of the stapes, ankylosis and adhesions of the ossicles, ostosclerosis disease of the middle ear and tube, especially acute and chronic catarrhal otitis, inflammations and degenerations of the drum-head, impacted ear wax, aural boils, abnormal dryness of the canal and tympanic membrane and traumatisms.

As general causes must be listed certain intoxications, excessive mental or physical exertion and circulatory disturbances, as well as many obscure reflex conditions. Tinnitus aurium is one of the cardinal symptoms of intoxication following the administration of many drugs, notably, alcohol, quinine and salicylic acid and its compounds. Autointoxication, such as chronic fermentative dyspepsias, chronic constipation, uræmic absorption, in fact, any condition characterized by a suppression or impairment of metabolism and elimination, likewise produces subjective noises of the most annoying type. Toxæmias and circulatory disturbances are so closely allied when considered as etiological factors of tinnitus that it is frequently quite impossible to draw any dividing line between them, and it is more than probable that in the majority of cases both of these factors militate to a common

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end. Anæmias, as well as congestions are common causes of ringing in the ears and, when not associated with drug or poison effects, are the most amenable to treatment.

Prognosis.

Tinnitus aurium varies greatly in its intensity; it may be almost imperceptible or so oppressive that the victim actually meditates suicide. I have yet to find a record of any suicide, committed as the result of it, but have seen a number of cases on the verge of mental collapse on account of the exasperating head noises. Insanity from this cause is likewise rare, due, undoubtedly, to the fact that tinnitus, be it ever so severe, rarely interferes with the patient's sleep. In cases of irritation of the acoustic centre, the patient's symptoms frequently assume a variety of unusual forms, such as the singing of birds, the sounds of voices, melodies, instrumental, orchestral or band music. "These are, however, transitional forms, closely related to hallucinations characteristic of acute manias, and may be produced in psychopathic individuals by peripheral disease of the hearing organ."

In ordinary cases the character and intensity of the head noises undergo frequent variations. If they are constant, the prognosis is grave. Intermittent noises occurring at irregular intervals, especially if influenced by inflation and massage offer a much better prognosis. Other factors determining the prognosis are duration of the symptoms, the cause of the same, the patient's condition and habits.

Briefly stated, the prognosis in cases of tinnitus is less favorable than it is in deafness. Acute and intermittent cases are more hopeful than the chronic, and those in whom the symptom is constant. When caused by circulatory disturbances, anæmias or congestions, the condition responds to treatment more readily than when produced by aural lesions. In any case in which the cause can be positively identified and removed, the chance of improvement or recovery is better than in the obscure conditions in which this is impossible. Accuracy of diagnosis is, therefore, essential.

Treatment.

A thorough examination must first be made, including not only the ear and allied structures, but taking into consideration all possible contributing causes and the patient's history as well. The treatment must proceed along the lines indicated by the conditions disclosed. Its aim must be to rectify what is wrong in so far as this is as possible. First remove the cause, if this can be done. Alcohol, quinine, salicylic acid, excessive tobacco, coffee or tea must be positively avoided; constipation must be relieved and any diseased condition of the stomach, liver and kidneys treated. Pulsating tinnitus, due to congestion of the middle ear or labyrinth, usually yields to dilute hydrobromic acid, administered in doses of gtts. XV, three times a day. When tinnitus is a reflex phenomenon, due to the irritation of some correlated region, such as nasal obstruction or carious teeth, the services of the surgeon or dentist will usually suffice to effect a cure.

Among the measures which frequently give relief when the condition is purely local, are removal of impacted wax, lubrication of a dry, external canal by means of a bland oil or glycerine, inflation of a catarrhal or stenosed eustachian tube, vibratory pneumo-massage, evacuation of purulent or catarrhal exudates from the middle ear, removal of polypi, granulations or inspissated pus, treatment of a naso-pharyngeal catarrh, removal of hypertrophied or diseased tonsils and incision of aural boils when present. Above all, the patient should be cautioned not to wet the hair as part of his toilet or to go about with damp or wet feet. In very cold, damp weather, it is sometimes advisable to instruct the patient to wear a pledget of cotton loosely inserted into the meatus of the ear. This should likewise be insisted on when bathing in the open air, owing to the fact that cold water introduced into the ear always aggravates the condition.

One of the most common causes of tinnitus in non-suppurative cases is otosclerosis, a condition affecting the region about the oval window on either the internal or external surface or both. It is characterized by a deposit of lime salts resulting in a calcification of the membrane and ankylosis of the stapes. During the active stage there is frequently a reddish tinge to the drum, due to the congestion of the promontory. Local treatment aggravates this condition, which fact offers a point of differentiation between it and chronic aural catarrh. Otosclerosis usually resists all therapeutic measures so far devised. Being of systemic origin the treatment must be directed entirely to the patient's general condition.

Finally, tinnitus of labyrinthin origin is often due to syphilis. Here, also, our measures must consist of systemic correctives, as in the treatment of luetic symptoms in other parts of the body.

Operative procedures for the relief of tinnitus, like those employed for improvement of the hearing faculty, belong distinctly to the field of the aural surgeon. They consist of divulsion or section of bands of adhesions frequently found to embarrass the free movement of the ossicles, paracentesis of the membrana tympani and excision of one or more of the ossicular chain. However, the scope of this paper does not admit of a discussion of the relative merits of these procedures.

It seems scarcely necessary to emphasize the fact that tinnitus aurium is not a disease, but a symptom. The topical measures above mentioned play an important part in the treatment, and in uncomplicated conditions in which such procedures suffice to remove the cause, nothing further is needed. In others, the head noises constitute but one of many subjective symptoms complained of, which will serve in the selection of the indicated remedy. We have been taught to treat conditions, not symptoms, and nowhere is this trouble better exemplified than in the case in hand. If the head noises be the principal symptoms of which the patient complains, we may use this symptom to guide us in

the selection of a drug, but in every case our ultimate choice must be based upon the similimum as a whole. Those of our remedies in the pathogenesy of which tinnitus appears as a characteristic symptom are Antipyrin, Cinchona, Carboneum sulphuratum and Salicylic acid.

Authorities of the old school recommend in addition to dilute hydrobromic acid, above referred to, such drugs as Cimicifuga, Ergot and the bromides. In cases presenting high arterial tension, Spirits of Glyceryl trinitrate is said to be very efficacious in doses of 1 to 2 minims. Lack of experience with these drugs precludes my testimony as to their value.

In conclusion, let me beseech you not to discourage the patient who comes to you with this condition, even though you may be convinced in your own mind that there is no relief. Never take it for granted that a case of this kind is incurable because others, and, perhaps, you, too, have failed. A thorough examination of the patient will at once manifest your interest in the case and gain the confidence of the patient. Having gained this confidence, a hopeful attitude and evidence of a desire to help the patient will enlist his co-operation. Bring your whole knowledge of the subject and your entire armamentarium to bear. What matter if your therapeutic course be the rankest empiricism—anything to help the patient. If you cure your case—bravo and amen. If your effort be but palliative, you will have gained the everlasting gratitude of your patient, but not until every measure has failed have you the right to tell the patient that "nothing can be done."

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Diagnosis.

DIFFERENTIAL DIAGNOSIS BY MEANS OF THE ROENTGEN RAY OF DISEASES OF THE OSSEOUS SYSTEM.

BY WILLIAM H. DIFFENBACH, M. D., NEW YORK.

Among the recent advances of Roentgenology the differential diagnosis of diseases of bones deserves attention, owing to the great advantage in therapeutics and surgery accruing from an exact knowledge of the pathological state in each suspected case.

Heretofore, the anamnesis, exterior appearance and palpation and frequently the intuition of the physician has been depended upon for diagnosis in this class of lesions. The profession at large is aware of the advantage of Roentgenology in the diagnosis of fractures and dislocations of bones, but until the recent works of Rumpel, and of Hahn & Deycke-Pascha,* no extensive Roentgen-ray literature existed relative to diseases of the bones per se and no clear-cut differential diagnosis was available in these cases, so that interpretations of Roentgengrams was difficult and not precise.

The writer has collected a number of plates of various bone-lesions, and aided by a study of the above mentioned works, offers the following differential diagnosis for further study and criticism:

I. Periostitis.

The periosteum is so intimately connected with bone that both tissues are often affected when disease invades their sphere.

Simple periostitis is difficult to diagnose until the inflammatory process has produced some swelling and deposits of some size are noted. This requires, at least, two weeks, when circumscribed areas of darkness and thickening of the periosteum appear. If suppuration takes place, the bulging of the periosteum is clearly made out in the Roentgengram and the dark shadow of the purulent exudate will appear. Felons can thus be readily diagnosed with the ray. Traumatic periostitis is common, especially at the anterior tibial and posterior ulnar regions and leads to thickening of the periosteum, which throws a dark shadow upon the Roentgengram. In these cases there are isolated or multiple swellings which are circumscribed and not peripheral. Sometimes caries and necrosis takes place, especially if suppuration has supervened and the loss of integrity of the periosteum and the underlying bone is clearly pictured. Dental injuries frequently produce maxillary bone periostitis and a Roentgengram will readily differentiate same from neuralgia or neuritis. In periostitis gummosa, infiltration of the gummatous deposits causes a raising and swelling of the periosteum and the Haversian canals and the nutrient marrow channels enlarge and become filled with gummatous material. This swelling of the periosteum and the invasion of bone in secondary syphilis produces a characteristic bulging; a bow-like curve is especially noted at the tibial upper or middle third and is readily distinguished upon the photographic plate.

II. Congenital Deformities.

Congenital or acquired deformities of bone are readily distinguished, so that little need be said on this point. The print showing congenital deformity of the hands is interesting as presenting a lesion resulting from a strong maternal impression received during the fourth or fifth month of pregnancy, when a dog snapped at the hands of the pregnant mother and caused her to faint away. Aside from this abnormality the child was born normal and lives a useful life.

The deformed spine with enlarged lumbar vertebræ and intervertebral disks represents the case of a young woman who has borne four children and whose deformity has so increased of late as to impel her to seek medical aid. There is a history of the mother of this patient having a rapid labor and dropping the child upon the floor while having a strong labor pain. The trauma has slowly developed the deformity, which can be called ostitis-deformans.

Acromegaly can be readily diagnosed without the aid of the Roentgen ray, the pictures merely

*Published by Lucas Graefe & Lillem, Hamburg, 1908.

tending to emphasize the findings of the physical examination.

III. Chondroma.

Chondroma, or enchondroma, is found most frequently in the metacarpal and phalangeal bones, but may also occur in other long bones, as the humerus, ulna, radius and femur. Enchondromata of the ribs and other bones of the skeleton have also been noted. These cartilaginous tumors appear homogeneous (similar to sarcoma); they have, however, islands of bone interwoven with the homogeneous mass, giving a net-like appearance. The cartilaginous portions throw a lighter shadow than the bony parts and gradually invade the osseous structure and replace it.

Chondromata do not affect the periosteum, which latter is an important diagnostic point. When these chondromata calcify, a mixed tumor, or osteo-chondroma, is formed. Sarcomatous degeneration may also supervene and chondro-sarcoma be the result.

IV. Bone-Cysts.

Bone-cysts may follow various lesions of the osseous system; ostitis, with fibrosis following same, frequently antedates cystic changes in the bone. Trauma is also a common cause. The cysts may be single or multiple and appear within the bone substance.

Radiographically, a clear light space is noted within the bone (not interwoven with darker lines like enchondromata).

The periosteum is not affected, which differentiates the transparent homogeneous shadow which is similar to sarcoma. In the latter lesions the periosteum is rapidly involved.

V. Osteoma.

Osteomata, while generally associated with the osseous system, may also occur in soft tissues (lungs, parotid gland, meninges, etc.). Small bony growths are designated as osteophytes, when the tumor extends over a larger area, exostosis; when the growth is confined to the centre of bony structures, enostosis.

Bony tumors may also spring from the enamel of the teeth and are called dental osteomata; when developed from the pulp they are designated as odontomata. Osteomata are classed as hard and spongy and may be single or multiple, most commonly the latter.

Tumors of any description containing calcareous infiltration or bone structure are easily diagnosed by the Roentgen ray.

All exostoses present irregular outlines, show the dark shadows of osseous tissue and an absence of periosteal involvement and have a slow growth. They must be differentiated from osteo-sarcoma; the latter have involvement of the periosteum, more regular outline, lighter more homogeneous appearance of the tumor shadow and more rapid development. The soft tissues are more quickly invaded in sarcomatous growths. Osteo-sarcoma are usually single, osteomata are frequently multiple.

VI. Osteo-Sarcoma.

The ability to diagnose osteo-sarcoma by means of the Roentgen ray is of incalculable value, as the earliest possible removal of a sarcomatous growth is essential to save metastasis and life. The prompt surgical removal of small sarcomata followed by long continued radiation about the affected area has been successful in a number of cases under our observation for the past eight years.

Osteo-sarcomata may be periosteal or myelogenous or mixed. The favorite location is the end of long bones; rarely, if ever, are the epiphyses the starting point, although the tumor may spread there by continuity of tissue.

The osteo-sarcoma starts as a sub-periosteal growth, raises the periosteum, separates it from the bone and gradually involves the whole circumference of the periosteum, which may be destroyed from pressure. True sarcoma tissue looks homogeneous and produces a pale, light shadow compared with ordinary osseous tissue. It rapidly spreads into surrounding soft tissue and is not confined to bone.

Giant cell sarcoma is frequently found centrally located within the medulla of bone, destroying bone tissue and leaving a homogeneous centre. If these are discovered early, thorough chiseling, drilling and curetting will prove efficient and obviate amputation.

Osteo-sarcoma must be differentiated from bone cysts, osteo-myelitis, syphilitic gumma, tuberculosis of bone and osteomata.

Osteomata have more irregular outline, darker tumor shadows, and do not involve the periosteum.

Bony-cysts are intra-osseous and have a regular homogeneous outline (like sarcoma), the latter, however, quickly have extra-osseous extension with involvement of soft tissues. In addition, bone-cysts are often multiple, sarcomata are not.

Osteo-myelitis is also intra-osseous with destruction of bone, and, if abscesses supervene, the surrounding tissues show marked, darkened areas, due to osteitis.

Tuberculosis of bone shows an indefinite, pale shadow of tissues with atrophy of bone.

Syphilitic gummata throw a dark, almost black, shadow, produces a spindle-like protrusion of the periosteum, with irregular knobs, and cover a large area. The periosteum may be destroyed in some places. In sarcoma the bulging out of the periosteum is more localized and not fusiform, and does not affect as large a bone area as syphilis; the sarcoma also rapidly invades soft tissues.

Gouty tumors have been mistaken for sarcoma, but the shadow is much darker, and characteristic tophi are usually found associated with it in other parts.

VII. Osteo-Myelitis.

Osteo-myelitis is diagnosed only by the Roentgen ray when distinct pathological changes in the bone have occurred. This may require some time; the older the lesion, the more easy is the diagnosis.

Osteo-myelitis presents four points for Roentgen diagnosis:

I. Ossifying periostitis and ostitis.

II. Sclerotic changes.

III. Abscesses and cavities.

IV. Sequestra of bone.

The shaft of the distal end of bones is the favorite site; there are centrally located circumscribed, clear spaces with surrounding darkened areas (due to otitis) and coincident periosteal enlargement, sometimes destruction and darkened shadows of same.

Osteo-myelitis is distinguished from sarcoma from the fact that the latter invades surrounding tissue, while the former is confined to bone. Osteo-myelitis presents a destructive process, the sarcoma a proliferating process. Sarcoma also prefers the ends of the shafts and commences as a sub-periosteal growth.

Necrosis and caries are readily diagnosed upon the plate, and sequestra can be defined and readily located.

VIII. Tuberculosis of Bone. Tubercular Osteo-Myelitis.

Tuberculosis of bone is characterized by faint, indefinite shadow, due to lack of lime-salts. There is an absence of periostitis, and no dark sclerosed areas. Atrophy of bone supervenes. Microscopically, the joints may appear large, but the bones themselves become atrophied.

Tuberculosis of bone occurs most frequently in the centre of the epiphysis or below the articular cartilage, preferring the long bones, femur, humerus, radius and ulna and lower extremity, and in children, especially the vertebræ.

Tuberculosis of bone presents little difficulty in differential diagnosis; the radiographic points are:

I. Pale, indefinite shadow of the bone, devoid of contrast,

II. Atrophy of bone substance.

III. Epiphyseal preference.

IV. Enlargement of joints.

V. Lack of periosteal involvement.

VI. Lack of sclerosis.

Tubercular dactylitis must be differentiated from syphilis and osteo-myelitis. The latter rarely attacks the epiphysis, excepting by extension, being an intra-osseous lesion. Syphilis presents a dark shadow with marked involvement of the periosteum, forming a dark ring or band about the bones. The tubercular dactylitis has no periosteal involvement and the bone itself appears pale, excepting at the site of a circumscribed abscess where dark, single shadows will appear.

IX. Osteo-Malacia.

The writer has not seen a radiograph of a case of osteo-malacia, but, theoretically, the absence of lime-salts and decalcification of bone would cause a characteristic absence of shadows on the plate.

X. Rickets.

Presents no diagnostic difficulties, but in doubtful cases the Roentgengram will show the characteristic enlargement of the ends of the bones.

XI. Syphilis.

The Roentgen ray has been of great service in the diagnosis of syphilitic bone lesions. Congenital syphilis, lues, hereditaria lata and gumma, show characteristic shadows upon the photographic plate.

In congenital syphilis there is periosteal enlargement about the metacarpal bones or phalanges, or the metatarsal or tarsal bones may be affected similarly. The periosteal shadow appears like a cloak hung about the bone and is characteristic of congenital syphilis.

Syphilis does not present atrophy of bone, such as is foud in tuberculosis; in the latter, the periostem is also not affected.

When we appreciate that the spirachaetae pallida may enter the body in numerous ways, aside from sexual contact, such as smoking, drinking from infected cups, kissing, handling of coin, which has been in contact with a mucous patch, examinations of syphilitics and infection through contact, as from an abrasion, hang-nail, etc., any measure which will assist in clearing up questioned diagnosis in suspected cases should be welcomed.

Syphilitic periostitis or gummatous periostitis has a characteristic Roentgen ray picture:

I. Irregular contour of the periosteum.

II. When continuity of periosteum is destroyed, the tissue looks as though moth-eaten or reticulated.

III. There is always sclerosis of bone, with darkening of its shadow about the gummatous process.

IV. In certain locations, as the anterior surface of the tibia, a curve, or bow-like protrusion, is formed from the bulging out of the periosteum.

V. There is no atrophy of bone. (In tuberculosis there is.)

Differentiating these points from other bone lesions we have in

I. Periostitis, due to trauma, no involvement of the bone itself and lack of irregularly; also, lack of area of involvement.

II. Acute osteo-myelitis: This disease lacks the irregular contour of syphilitic periostitis, having a smooth surface, as a rule. The involvement is usually smaller and ostitis is not as marked. Osteo-myelitis is usually confined to the shaft and has less or no periosteal involvement.

III. Peripheral sarcoma—this lesion has circular periosteal enlargement of the affected bone and the sub-periosteal involvement presses out the periosteum, which it soon destroys, involving neighboring tissues. The sarcomatous tissues have a lighter shadow than the gummatous tissues, while the gumma is confined to bone and periosteum.

IV. Tuberculosis of bone—here there is no sclerosis, hence no dark shadow of bone-substance, and, while enlargement of joints are noted similar to syphilis, the bone itself tends towards atrophy. In syphilis there is hyperplasia, with characteristic periosteal enlargement and necrosis. Gummatous lesions are often multiple, and, already stated, in the tibial region have a typical hump-like enlargement of the periosteum and sclerosis of the underlying bone, so that these dark shadows cannot be mistaken for anything else.

Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

THE METALS.

Arsenicum album (Arsenious acid).

Both acid and metal.

Arsenicum iodatum.

Arsenicum album is a violent poison and acts like the other acids and the other metals, to produce rapid exhaustion, emaciation and blood decomposition, and through the blood to pervert and destroy nutrition.

It is generally indicated in diseases which show a tendency to great prostration and rapid emaciation from the very start, and which tend constantly and rapidly downward and deathward. It is the ganglionic Aconite, being sudden and violent in its attack, and presenting a similar appearance of nervous tension and mental unrest, but in Arsenicum this condition is more serious, more profound and more enduring, and the blood changes co-existing are both quantitative and qualitative, so that the similarity is only apparent and symptomatic.

Its most pronounced action is upon the mucous membranes, upon which it causes a violent and destructive catarrhal inflammation, characterized by extreme constitutional symptoms.

The skin and serous membranes are also affected, though less severely. Upon the skin we have produced many forms of disease; they are generally of the exfoliating variety. Upon the serous membranes it produces effusions.

The action of Arsenicum iodatum gives us the Arsenicum symptoms with even greater prostration and emaciation, and a selective action upon the glands, and catarrhal discharges that are thin, offensive and excoriating, the differences being suggested by the presence of Iodine.

Arsenicum is generally prescribed upon general characteristics, more than by local symptoms, and some of the following are generally present to suggest or confirm its selection:

1. Great prostration.
2. Rapid emaciation.
3. Mental and physical unrest—"irritable weakness."
4. Burning pains.
5. Catarrhs.
6. Thirst for small quantities at frequent intervals.
7. Better from heat.
8. Periodicity.
9. Irritable fibre.

This irritable fibre is shown in many ways:

1st. By the mental distress which nothing relieves.

2d. By the physical restlessness.

3d. By the intolerance of the stomach to food or drink.

4th. By the constant call for water.

5th. Frequent small actions in bowel troubles.

Analogues in irritable weakness, Sepia, Phosphorus, Silicea, Lachesis, Nux vomica. See Sepia.

The symptoms of Arsenicum poisoning are intense irritation of the mucous membranes, with great prostration, thirst, restlessness, vomiting and purging.

The antidote is Hydrated Peroxide of Iron in tablespoonful doses, repeated every five or ten minutes..

CLINICAL STUDY.

Diseases of the mucous membranes.

Diseases of the skin.

Diseases of the serous membranes.

Diseases, general—fevers.

Mucous Membranes.

Acute winter colds, with thin, watery discharge from the nose, which excoriates the upper lip, eyes red, sneezing, burning in the nostrils. later affecting the stomach, mental unrest and thirst.

Analogues.

See Nux vomica.

Diphtheria and Pneumonia.

Indicated by rapid prostration and general Arsenicum symptoms.

Gastric Catarrhs.

After cold food or spoiled food, tongue coated white, food and drink even in the smallest quantities are thrown up as soon as swallowed, burning heat in the stomach, diarrhœa with great tenesmus. Hot, burning eructations.

Analogues---Irritability of Stomach.

Veratrum album, Phosphorus, Kreosote.

Acute Stomach Catarrhs.

Nux vomica, Pulsatilla, Ipecacuanha, Bryonia, Antimonium crudum, Kali bichromicum. See Nux vomica.

Diarrhœa and Dysentery.

See Mercurius.

Principal characteristics: Small quantity, frequent stools, dark color, offensive odor—great prostration after stool and general characteristics.

Asthma.

With great dyspnœa, anxiety and restlessness, burning in the chest, dry, whistling cough, worse after midnight—hay asthma.

Analogues in Spasmodic Asthma.

Cuprum, Stannum, Ipecacuanha and Spongia.

Catarrhal Asthma.

Antimonium tartaricum, Ipecacuanha, Stannum, Veratrum album, Carbo vegetabilis, Lycopodium and Opium.

Flatulent Asthma.

Nux vomica, Lycopodium, Carbo vegetabilis, Chamomilla and Sulphur.

Cardiac Asthma.

Digitalis, Aconitum, Cactus, Spongia and Pulsatilla.

Skin Diseases.

Arsenic may be indicated in almost any form of skin disease, with burning pains, a tendency to puffiness or œdema, and general Arsenicum symptoms.

The Arsenicum erysipelas is of the asthenic type, and is accompanied by rapid loss of strength, and general septic symptoms.

It is also indicated in urticaria, especially accompanying stomach disorders, especially those following the use of strawberries, fish, ice-cream, or spoiled food.

The chronic skin troubles indicating the drug are generally pointed out by general symptoms, though they are dry and scaly, have burning pains, and are worse at night.

Analogues.

Chronic skin troubles. See Sulphur.
Erysipelas. See Belladonna.

Urticaria, Apis Mellifica.

Pinkish-white welts, which burn and itch and sting unceasingly, scanty urine, thirtlessness, fidgetiness.

Urtica Urens.

Raised red blotches which itch and burn, better when lying down, worse on rising.

Dulcamara.

Nettle rash with diarrhœa, after cold, damp exposure.

Natrum Muriaticum.

Nettle rash with malarial fever, coming with the fever, with intense thirst for quantities.

Rhus Toxicodendron.

Nettle rash of a vascular nature, after getting wet, with rheumatic symptoms, intense itching and restlessness, worse from cold air.

Calcarea Carbonica.

Nettle rash worse from washing, general symptoms.

With Gastric Catarrh.

Nux vomica, Pulsatilla, Sulphur, Antimonium crudum.

Serous Membranes.

Inflammations with effusions and general Arsenic symptoms.

Analogues.

Bryonia, Apis, Belladonna, Sulphur, Helleboris.

General Diseases.

Arsenicum is suited to only low forms of fever, characterized by irritable weakness, rapid loss of strength and flesh, restlessness, anxiety, fear of death—thirst for small quantities at small intervals, great alimentary intolerance at both ends and irritation.

The malarial chill is marked by distinct pecially if influenced by inflation and massage, offer ness, urticaria, stomacic irritability. The fever is intermittent or remittent. There is, in old cases, a dropsical tendency, great prostration during the apyrexia, complaints increase to great intensity during the pyrexia. After the abuse of Quinine.

Analogues.

Typhoid fever. See Bryonia.
Malarial fever. See Nux vomica.

Septicæmia.

Surgical or puerperal, diphtheritic or scarlatinal, with general Arsenicum symptoms.

Arsenicum, with the rapid loss of strength and irritable weakness, gives us a picture of septic conditions.

Analogues.

Lachesis, Crotalus, Veratrum album, Carbo vegetabilis, Sulphur, Lycopodium, Secale, Arnica, Rhus toxicodendron. See Lachesis.

Cholera Asiatica.

Sudden onset, extreme symptoms of adynamia, vomiting and purging, general symptoms. A picture of some form of cholera Asiatica. Compare Camphor, Cuprum, Carbo vegetabilis, Veratrum album. See Carbo vegetabilis.

Boils, carbuncles, bed sores, dissecting wounds and bone felons, with burning pains, grave constitutional involvement and general Arsenicum symptoms.

Arsenicum Iodatum.

Is to be preferred in violent, acute coryza, with watery, acrid discharge, soreness of the nostrils, heat and burning; also, in tuberculosis, with great debility, night sweats, pronounced cachexia, profound prostration and diarrhœa. In all Arsenicum conditions where there is decided involvement of the lymphatic glands. The more the emaciation and prostration, the better is the Iodide indicated.

Arsenicum high is said to abort bone felons if taken early.

Acrostic Resume.

A— Aggravation from cold.
Amelioration from heat.
Amenorrhœa.
Asthma.
Anxiety.

R— Restlessness.
Rapid, Emaciation.
Prostration.

S— Scaly eruptions, Sepia, Natrum muriaticum, Petrol., Graphites.
Spoiled food—causes gastritis—Carbo vegetabilis.
Septic conditions.

E— Enteritis.
Emaciation.
External coldness.

N—Neuralgia, with burning pains and general symptoms.

I— Irritable fibre.
Internal heat and burning.
Inflammations, Mucous membranes. Serous membranes. Skin.
Iodide, Inflammation with glandular complication. Phthisis—Rapid emaciation. Excoriating catarrhs.

C—Cancer.

U— Unquenchable thirst. Compare China, Bryonia, Natrum muriaticum.
Urticaria. Compare Apis, Dulcamara, Urtica urens, Phosphorus, Natrum.

M—Malarial fever.
A—After Quinine.
L—Long lasting catarrhs, with emaciation.

B—Burning pains, Inflammations. Cancer. Carbuncle. Gangrene.

U—Ulcerations of
M—Mucous membranes, Mercurius, Nitric acid, Kali bichromicum.

Practice of Medicine.

THE SUCCESSFUL TREATMENT OF CANCER BY MEDICINE.

BY ELI G. JONES, M. D., BURLINGTON, N. J.

For the past 200 years cancer has been considered by many of the profession as a local disease, and they have made it their practice to cut out everything that had the appearance of a cancer; but statistics will abundantly prove that a surgical operation not only does not cure the disease, but actually hastens the death of the patient. In the meantime, cancer is alarmingly on the increase in every civilized country, and especially in every country where there is enforced vaccination. In our own country about 50,000 persons die annually of cancer, many of them sacrificed to the knife, or, to be more exact, "butchered in the name of science"—as the knife has proved a failure in the cure of cancer, electricity has been tried in all its different forms, and especially the X-ray; very much was expected from the latter, but it has signally failed, as a curative agent. Within the past four years I have seen 200 cases of genuine cancer, where the X-ray treatment had been used, and left the patient worse than before. Radium also has been tried and failed, so will any form of purely local treatment. For the past forty years physicians have sought for a remedy that would cure cancer as a result, about 100 different so-called cures of cancer have been exploited in the medical journals, they proved a failure and became obsolete. There never has any remedy, or combination of remedies, been discovered or ever will be found to cure all forms of cancer, for the simple reason that cancer in different parts of the body has a different anatomical structure. Thus it follows that a remedy that would cure cancer of the breast would not cure cancer of the liver, or a remedy that would cure cancer of the stomach would not cure cancer of the uterus. Therefore, to treat cancer intelligently and succesfully, we must learn to adopt our remedies to the diseased conditions that we find in any part of the body.

To claim to cure all forms of cancer with a cancer plaster, or to claim to have a "cure" for all forms of cancer by any remedy or compound, is the very worst form of quackery. The treatment of cancer and tumors, both external and internal, is a specialty the same as the eye and ear, or gynæcology, and a physician should prepare himself for it the same as he would for any special work. The treatment of cancer involves a knowledge of the treatment of all chronic diseases, for we seldom have an uncomplicated case of cancer. In caneer of the breast we look for the exciting cause, it may be ovarian or uterine, and the cause must be attended to and a doctor must know how to treat such cases successfully. No case of cancer can be cured where there is some form of indigestion present, for the patient must have good nourishing food, and be able to digest it in order to make good blood, and thus we must see that the stomach and bowels are in a healty condition before we can expect to get the full remedial effects of our remedies and cure our patient. Some sixty years ago a doctor in England, by the name of Dr. Fell, used a plaster of Chloride of Zinc and blood root; he applied it locally to the cancer growth to kill it and then poulticed it until the dead mass dropped out. This same plaster, in a modified form, has been used by hundreds of physicians throughout the world. A Dr. Marsden, of London, treated cancer by a paste of Arsenic and mucilage Acaciæ, and published a book giving his experience with cancer. Dr. Thomas W. Cooke, of the Cancer Hospital, London, England, was the first physician of the regular school, on that side of the Atlantic, to give up the use of the knife and treat cancer as a constitutional disease, and he published a book giving the results of his success; he was, at least, trying to cure cancer, while a surgical operation did not cure them. A surgical operation will never permanently cure cancer, for the simple reason that a surgeon can only cut out what is seen and felt under the knife, he cannot touch the millions of cancer germs that grow and multiply in the blood, the nuclei for other cancers. In 1869 I treated my first case of cancer, and I treated it as a blood or constitutional disease. In nearly forty years' experience with cancer in all its forms, I have never seen any reason to change my views. The treatment of cancer, locally, by caustic plasters is purely mechanical, like a surgical operation, and is a relic of past ages. The doctor of the future will depend nearly altogether upon internal remedies in the treatment of cancer. In 1888, Dr. J. Compton Burnett, of London, published his book on "Tumors of the Breast," giving his treatment by in-

ternal remedies alone, with reports of cases and a mass of reliable evidence that it is possible to cure cancer of the breast by internal remedies alone. All honor should be given to Dr. Burnett, that distinguished physician of the homœopathic school, for the grand work he did across the great Atlantic,—he has left "foot-prints on the sands of time that others may follow." In 1865, Dr. Skelton, an eclectic, published his work in London, England, on practice, giving his treatment of cancer as a blood disease.

Dr. T. V. Morrow, of Ohio (as far back as 1850), a prominent physician and teacher of the Eclectic school, taught that cancer was a blood disease, and was one of the pioneers of that school in this country to treat cancer and cure it.

It has been said by some would-be critics that if a cancer is cured it will return in a year or two. Allow me to say that I have treated cases of genuine cancer, sixteen and twenty-four years ago, and there has been no return of the disease; therefore, we may safely consider them cured. We often hear that old moss covered chestnut from the "old school" physicians, "if it was cured it was not a cancer." In reply to such foolish arguments as that, I would say that my books will show that 75 per cent. of my cancer cases have been sent to me by physicians and diagnosed as cancer before I ever saw them, and one of them had been put under X-ray and had been diagnosed as cancer by professors in medical colleges in Baltimore, Philadelphia and New York by men who are supposed to know the difference between a pimple and a cancer. In taking up the treatment of cancer, I studied all the works on cancer I could find in America and England. I also tested all the much vaunted cures of cancer, I investigated the materia medicas of all the various schools of medicine. I wanted to find remedies that did have a curative effect upon cancer. As a result of that research and clinical experience with thousands of cases of cancer, I can give a few remedies that I have learned to depend upon in the cure of cancer in some of its varied forms.

Of the remedies I rely on, Lime stands first in the list. I am convinced that it does have a curative effect upon cancer, either the Carb. Lime (Calcarea carb.), or the Flouride Lime (Calc. Flouride). As far back as 1850, Dr. Retvis, in London Lancet, reported cases of cancer on the face, cured with Carb. Lime (inside coating of oyster shells). Of the vegetable remedies, the Phytolacca (poke root) stands first in my estimation. Among the remedies for cancer, Hydrastis Canadensis (Golden seal) we think of in the treatment of those painful tumors of the breast, Calcarea Flouride x6 in the hard tumors of the breast, Kali Muriaticum x3 in the soft tumors, when the tumors are caused by an injury we think of the Bellis Perennis (English daisy). The Chimaphilla (Pepsissiway) is the remedy for those large, fleshy tumors of the breast, that may be of a cancerous nature in women with large breasts. Arsenic I have never used externally and very little internally; it would seem to be indicated in cancer of the lip. In this article I have not the space to go into details and give a different treatment for all forms of cancer, that would fill a book. Personally, I do not place so much dependence on the use of caustics and local treatment as I did ten or twenty years ago. I am learning to depend more and more upon internal remedies; as a result, I am doing better work than ten years ago, and hope to do much better work ten years from now.

For the past twenty years I have cured 80 per cent. of all my cases of cancer, both external and internal, this includes cases that had been operated on by the knife or X-ray, or had been burnt out with caustic plasters. From an extensive correspondence with physicians of all schools of medicine in this country, I feel confident that the great mass of the profession are opposed to the use of the knife in the treatment of cancer, and that they are looking for a better way to combat this fearful disease.

Correspondence.

LETTER FROM OKLAHOMA.

Editor Medical Century.

This has been a busy season with me. Looking after my professional duties and the interest of Homœopathy in our Legislature.

La grippe and measles have prevailed with universal severity; the former claiming many victims, especially among the feeble and aged.

Our Legislature has been in session for over four months, shaping a code of laws to conform to our constitution, so recently adopted, and make it possible to enforce the provisions of same. Said constitution has a clause in it which says the Legislature should create a board of medical examiners and health, and define its duties. Being selected by our State society, as chairman of the Committee on Legislation, I at once got busy. Got a meeting of the officers and legislative committees of all the legal State medical societies together to see if we could not agree upon a bill to be presented to the Legislature, and recommended its passage.

There was a full representation of all the schools, including the osteopaths, at this meeting. After electing Dr. Bobo, of the old school, as chairman, and myself as secretary, we proceeded to business. Before entering into details, we decided to settle certain questions that would be necessary, in order to have harmonious action.

The first question was, will we recognize the osteopaths on said board?

The second, the numerical representation of the different schools on said board.

And the third, what shall the examinations of the applicant to practice medicine consist in?

The first was disposed of by allowing representation on board from their school, but requiring their

applicants to take the same examination in the fundamentals as other schools; denying them the privilege of administering medicine internally, and requiring them to take the same preliminary education, and a diploma from one of their associate schools of three years' course of study of nine months each.

The second was disposed of by having a definite number from each school on said board, and no one school ever to have a majority on same. Members of the board to be appointed by the Governor, from the different State medical associations.

The third question was the one that gave us the most trouble. The old school seemed determined to leave out examinations in materia medica and therapeutics, and I was as determined that I would not consent to any legislation that would eliminate these branches; qualifications which I considered essential to the success of any physician, and more especially to our school of therapeutics.

There seems to be a disposition to-day by the votaries of the old school to annihilate therapeutics in examining boards, and in their medical colleges to a large extent, which makes it more essential that Homœopathy should stand as the sponsor of internal medicine. Already several States have eliminated these branches from their examining boards. I am very sure the public do not comprehend their real importance, and I fear our school fails to fully appreciate their significance. I understand the object of examining boards is to protect an innocent public from incompetent and pretentious healers, and our legitimate colleges and universities from diploma mills and college incubators. It is the privilege of every American citizen to employ whichever kind of treatment he prefers, but it is the duty of those in power to protect him from incompetent practitioners in the school which he has selected. It is in these branches that the different schools of medicine differ; as to the fundamental branches we all agree.

I am proud of the high standard our colleges and universities have always maintained in these branches, and the high per cent. our students have always attained before examining boards.

Homœopathic physicians, above all others, should cling to their materia medica and therapeutics. They are the sheet-anchor, and shibboleth of our faith and practice. After hours of deliberations, we all agreed to stand for examinations in these branches, but that the applicant was to be examined in same only by the members of the board belonging to the school to which the applicant professes to practice.

We then proceeded to formulate a bill to recommend to the Legislature. With a unanimous request it passed, which I think one of the best medical bills ever passed by any State or country, and one like the Bible, that the more you read it, the more you like it.

This bill is now before the Legislature, and will, undoubtedly, pass, practically as we agreed upon, as all schools are working for it. And when it does, Homœopathy need not be ashamed of the part it took in it, as their rights will be protecfed.

J. Hensley, M. D.

Societies.

SPECIAL ANNOUNCEMENT BY LOCAL ARRANGEMENT COMMITTEE AMERICAN INSTITUTE OF HOMŒOPATHY, KANSAS CITY. MO.

While the time since the changing of the meeting place of The American Institute of Homœopathy, from Oklahoma City to Kansas City has been short, and the task of arranging for its entertainment made correspondingly more difficult, nevertheless, it has been a pleasant undertaking and a work of fraternal devotion. When our worthy president, Dr. Copeland, visited us in January, we did not feel at all sanguine as to our ability to care for the Institute in a manner satisfactory to ourselves. However, when the matter was definitely settled, the professional brethren of Kansas City came together with a hearty good will and have succeeded in making such arrangements as we feel certain will please the attending membership.

Kansas City.

We, who have lived here many years and have known Kansas City through most of its developmental period, may, perhaps, be pardoned in the pride we take in what we believe to be the greatest city west of the Mississippi. Not only great in its manufacturing and industrial enterprises, but also from an æsthetic point of view. As a commercial centre, it ranks seventh in bank clearing, and likewise takes the same rank among the cities of the United States as a manufacturing point. Here may be seen great packing houses, soap factories, machine shops, stock yards, and all the vital forces that form the back bone, brawn and sinew of a great city. In 1900 the official census gave the two Kansas Cities a combined population of 210,000. To-day more than 400,000 souls come and go within their limits.

The topography of Kansas City, formed by hills and river valleys, naturally lends itself to beatification. Through its park board, Kansas City has developed one of the most complete systems of boulevard drives and parks to be found anywhere in the United States, and nothing can be more charming than to drive along these rock roads, combining, as they do, the natural beauty of the landscape and the charm of delightful homes built along their borders. They wind in and out, through forest and over hills, giving a kaleidoscopic view of stream and wood and distance.

Headquarters.

It has been the aim of the committee in selecting headquarters, that the membership of the Institute might be afforded accommodations equal to, if not better, than might be found at any other place in the city, keeping in mind that a reasonable charge would be worthy of consideration. We have selected for such headquarters, the new Coates House, at Tenth street and Broadway. This is a thoroughly modern, first-class hotel, entirely fire proof, conducted on both the European and American plan; three dollars per day and up. American, and one dollar and a half per day and up, European.

We feel that we have been fortunate in securing this arrangement. Especially is the New Coates House desirable for our meeting, because of the number of rooms which they place at our disposal for sectional and committee meetings. The hotel management has kindly secured for us Casino Hall, a beautiful room a few doors south of the hotel, in which will be held the general meetings of the Institute and some of the sectional meetings.

It has not been the purpose of the committee to furnish elaborate entertainment for the membership of the Institute, but rather to arrange for their comfort, to the end that they might enjoy the real work of the Institute and at the same time make their attendance one of rest and recreation. The opening session will occur Monday afternoon at four o'clock in the Casino Hall. In the evening a public meeting will be held in the Willis Wood Theatre, Eleventh and Baltimore, where the president will deliver his inaugural address. Following the meeting an opportunity will be afforded visitors to meet the president and local members of the profession. Tuesday evening a reception and ball will be given in Casino Hall in honor of the attending members and their wives and friends. One of the many attractive features at Kansas City is Electric Park, and we are glad to announce that we have made arrangements with the management to entertain the members and our friends at that place Thursday evening. Here will be found Sorrentino's famous Banda Rosa (which will, this year, have an organization of sixty pieces), first-class vaudeville, dancing, bathing, and the pot pourri, which goes to make up the whirl and swing of a great amusement enterprise.

For the ladies of the Meissen and associate members, a delightful programme has been arranged, some of the features of which are, an automobile ride over the parks and boulevards, numerous receptions, teas and especially a pipe-organ recital at the Independence Boulevard Christian Church, by Prof. Edward F. Kreiser, a recognized master in his field.

The programme in detail is:

Tuesday.—Opening exercises Coates House, 2:30 P. M., followed by reception and tea.

Wednesday.—Automobile ride from 3:00 P. M.

Thursday.—Pipe-organ recital, Prof. Kreiser, 3:00 P. M. at (Independence Boulevard Christian Church, corner Gladstone Building).

Friday.—Business meeting, 3:00 P. M., Coates House.

Tea will be served at the Coates House each afternoon at five o'clock, to which the gentlemen are invited.

In conclusion it may be said that the committee has not spared any efforts in their arrangements for the entertainment of the ladies, believing that upon the success of this feature rests the success of the whole meeting socially.

OKLAHOMA MEDICAL INSTITUTE OF HOMŒOPATHY.

A call meeting of the Oklahoma Medical Institute of Homœopathy by President Dr. J. Hensley was held at Oklahoma City, April 15 and 16. This meeting was called for the purpose of hearing a report from the Legislative Committee, of which Dr. Hensley is chairman. The Doctor, when called upon, made a very elaborate and interesting report, and through his efforts we expect Homœopathy to be placed on an equal footing with all other schools. We also had two interesting papers, one on Theory and Practice and one on Obstetrics, at this meeting. We took in seven new members and received a goodly number of applications for membership in the American Institute. Our president also urged every homœopathic physician in the new State, when it is possible, to attend the American Institute at Kansas City this coming June, and a resolution to that effect was passed. Kansas City may look out for a goodly number of physicians from this State. Three delegates were elected to represent this State at the meeting of the American Institute at Kansas City. Attention is called to attached resolutions adopted by the Institute. All in attendance displayed more zeal and enthusiasm than shown at any previous meeting.

Yours very truly,

Mary E. Ray,

Secretary and Treasurer.

Resolutions.

We, the members of the Oklahoma State Institute of Homœopathy, recognizing Doctor J. Hensley to be a man of profound learning, of high professional standing, of moral character unassailable, combining the rare qualities of judicial and executive ability; recognizing and fully appreciating the sacrifice he has made in time and money for the upbuilding and upholding of the standards of medicines in the Great Southwest, and particularly in the great State of Oklahoma; recognizing his long successful profesional career, and the confidence reposed in him by the members of all schools of medicine, and the esteem in which he is held by those who personally know him as a private citizen, and that the essential qualifications possessed by him peculiarly fit him to be a member of the Honorable State Board of Medicine Examiners and Board of Health;

Therefore, We, the members of the Oklahoma State Institute of Homœopathy, respectfully petition our Governor, the Honorable C. N. Haskell, to appoint Dr. Hensley as a member of said Board as the representative of the Homœopathic School of Medicine.

Be it further resolved of Homœopathy, ever loyal to any cause for the betterment and advancement of Homœopathy, and appreciating the impetus gained in the Southwest by the American Institute of Homœopathy, locating its meeting place within its borders and believeing that the American Institute of Homœopathy, ever desirous of progressive growth, recognizes in this section a fertile field for development, we respectfully recommend to the American Institute of Homœopathy that a representative be chosen from this section to act as an high official member in the council of the august body, who, by his untiring zeal and fidelity to the cause of Homœopathy, shall carefully encourage

and protect its development and, thereby, gain the proper recognition which it so justly merits.

H. L. Lott, M. D.,
Chairman.
I. C. Boulson, M. D.,
W. L. Bonnell, M. D.

KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY.

This society met at Lexington with one of the best attendances in its history, Dr. A. Babendrier in the chair. The programme was a full one, and the discussions animated and profitable. Many new members were admitted. Among those present from without the State were Drs. Geiser, McCleary, Wiggers, Schell, of Cincinnati; Blaine, of Youngstown, O.; Boger, of West Virginia; Dewey, of Michigan. Louisville sent a large number of her best practitioners. The social features were of the true Kentucky kind.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

The thirty-ninth annual session of the Hahnemann Medical Association of Iowa has just closed one of the most harmonious metings it has ever held. The attendance was the largest in the history of the association. Such old friends as C. H. Cogswell and J. King, charter members of the society; J. S. Bailey, of Sioux City, who for over forty years has been the nestor of Homœopathy in that city; Roberts, of Ottumwa; F. Becker, of Clearmont, and many others of the old timers, were present. The young men were also there, twenty-six of them joining the society this year. The association work is passing into the hands of these younger men. The question is often asked when the name Becker, Cogswell, Hanchett, Roberts, Royal is mentioned, which? the senior or junior?

The programme was fully carried out (Dewey, Foote and B. F. Bailey had been invited from out the State), only three of the members who were to take part being absent. Dewey and Foote did not come.

The Tuesday evening meeting, which was devoted to the cause of Homœopathy, was a most delightful and profitable one.

The officers elected were the following:

President, R. M. Homan, Webster City.

First vice president, C. N. Morford, of Toledo.

Second vice president, E. R. Ames, of Knoxville.

Secretary, G. A. Huntoon, of Des Moines (re-elected).

Treasurer, Malcolm Royal, of Des Moines (re-elected).

Necrologist, E. C. Brown, of Madrid (re-elected).

OHIO STATE HOMŒOPATHIC SOCIETY.

The Ohio Homœopathic Society met in Dayton, O., on May 12 and 13. President J. W. Overpeck, of Hamilton, in the chair. The attendance was good and the number of excellent papers presented and the discussions following were enjoyed by all present. This is a truly homœopathic society in every sense of the word, and the spirit throughout that was manifested was one of loyalty to the cause. Dr. Thomas Stewart, of Cincinnati, of the Committee on New Members, showed what a little systematized work will do in presenting over ninety applications for membership, which were duly elected. The banquet, prepared by the members of the Miami Valley Society, and the toasts following, were enjoyed, and Dayton's hospitality added another leaf to its already be-laurelled crown. Among those present from without the State were Drs. Hinsdale, Copeland and Dewey, of Ann Arbor, Mich., and Dr. J. A. Lenfestey, of Mt. Clemens, Mich. The officers elected for the ensuing year were Dr. Lester E. Siemon, of Cleveland, president; Dr. W. A. Humphrey, of Toledo, first vice president; Dr. W. B. Carpenter, of Columbus, second vice president; Dr. R. O. Keiser, of Columbus, secretary. Of course, Dr. T. T. Church, of Salem, remains treasurer. The place chosen for the 1909 meeting was Toledo.

ILLINOIS STATE SOCIETY.

We received the programme of this society for the first time after the meeting was over. We learn, however, that it was a big meeting, 454 registered, as being in attendance, which is record breaking. A large number of new members were admitted.

The newly elected officers are as follows:

President, Joseph P. Cobb, Chicago.

First vice president, W. P. Armstrong, Springfield.

Second vice president, Charles E. Kahlke, Chicago.

Treasurer, E. C. Sweet, Chicago.

Secretary, Burton Haseltine, Chicago.

Provisional secretary, R. H. Street, Chicago.

Necrologist, O. B. Blackman, Dixon.

The address of Dr. Copeland, president of the American Institute of Homœopathy, was a splendid success and received with the greatest enthusiasm. More than two hundred and fifty doctors attended the special clinics at Hahnemann Hospital, and there was more clinical material in each department than could be presented.

Another account reads:

Copeland made the best speech of his life in the afternoon. Big house. Lots of enthusiasm. Propose to print 50,000 copies of his address for widespread distribution. He made another at a public meeting in Handel Hall, at which there was an attendance of, say, five hundred, and which was good

All of which shows good enthusiasm for Homœopathy.

MICHIGAN STATE HOMŒOPATHIC SOCIETY.

The thirty-ninth session of the Michigan State Society was held in Ann Arbor on May 19 and 20. The attendance outranked that of any meeting held within the last ten years, and many members who had not attended a single meeting in that time were present. Sixteen new members were added to the list. The programme was diversified, and the inter-

est was sustained to the moment of adjournment. The officers elected for 1909 were: Dr. J. H. Ball, of Bay City, president; Dr. C. G. Crumrine, of Detroit, vice president; Dr. Dean W. Myers, of Ann Arbor, secretary, and Dr. Richards, of Detroit, treasurer.

The society accepted the invitation of the Ohio Homœopathic Society and the Toledo physicians to hold the meeting of 1909 in conjunction with them at Toledo. This will be, doubtless, an epoch-marking occasion for both societies.

Among those present from out of the State were Drs. Parmelee, Rhonehouse, Telford, Maxwell, Sawyer and Zbinden, from Ohio.

The banquet, held at the Michigan Union Club House, was an enjoyable occasion.

The Colleges.

THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

Commencement week was signalized by a significant departure from the routine which has prevailed there. It was a full clinic week, with every day filled to overflowing with good things. In this column in a recent number, we gave the programme in detail. We can report that it was carried out in all completeness. Practically all the clinical faculty took part and they were assisted by several gentlemen from out of town, to whose efforts much of the attendant success was due. Probably, most important, from the standpoint of Homœopathy, was the address on Materia Medica, delivered on Thursday, by Dr. C. M. Boger, of Parkersburg, West Virginia. This was the most stalwart of Homœopathy. The doctor belongs to the type of men who made the success of our school of medicine possible. He is a most profound student of materia medica, taking the Symptoms-Codex of Jahr as his ideal. He urged a more diligent study of the repertory, as a crying need in the teachings of the colleges. His address was replete with that wisdom which goes to make the true disciple of the Master.

The brilliant J. M. Lee, Rochester's great surgeon was the attraction for Friday, and with our own Surgeon James C. Wood, as his personal host, and guide, made a wonderful impression on his audience with his operations. We have had him a number of times in our midst, and each time he seems better than before.

The balance of the week, until Friday night, was taken up with clinics and lectures by the faculty, alumni reunions and social entertainments of various kinds. The class of 1903, as a sample, had twenty of its original forty present, and great was the time they had.

Friday was commencement day proper. The assembly room of the Hollenden Hotel was the scene of the exercises. President Jones presided, presenting the diplomas. The formal address was delivered by President Hunt, of Dennison University, while the faculty valedictory was the product of Prof. W. H. Phillips. It was scholarly, and delivered in an impressive manner, leaving its mark on the minds of the graduates.

These numbered ten, whose names follow: Mrs. Susan W. Friend, Arthur H. Gaston, Clement I. Harpster, Hugh Heaton, John A. Heely, R. Ross Hilborn, LaMont Sankey, Ralph A. Scherz and John Sutton. One was missing, Franz W. U. Vogt, a member of the class for the four years of the course, died only a few weeks before commencement time. He was popular and studious, and the class mourned his untimely demise.

After the commencement, came the banquet and the after-math of witty and wise talk. The two hundred diners were fully satisfied with both, and went their way in the early morning hours, knowing that the sun of this great institution was again to rise, brighter, more brilliantly than before.

J. R. H.

COLLEGE COMMENCEMENTS.

The Missouri Homœopathic College held its annual commencement on April 23. Number of graduates, nine.

The Detroit Homœopathic commencement exercises occurred on May 12. Number of graduates six.

Cleveland Homœopathic College graduated ten, on May 8th, after brilliant exercises.

Pulte College, of Cincinnati, held its graduating exercises on May 26.

New York Homœopathic College and Hospital held its graduating exercises on May 14. The class numbered twenty-four.

The Southwestern Homœopathic College commencement was on May 5th. A class of two were graduated.

HOMŒOPATHS ON STATE BOARDS OF MEDICAL EXAMINERS.

Alabama. None.

Arizona. Dr. C. F. Hawley, Mesa.

Arkansas. Has a homœopathic board, Dr. V. H. Halmam, Hot Springs, secretary.

California. Dr. C. L. Tinsdale, Alameda, secretary; Dr. F. A. Barnard, Los Angeles.

Colorado. Dr. D. A. Strickler, Denver; Dr. E. L. Sadler, Fort Collins.

Connecticut. Has homœopathic board, Dr. E. M. C. Hall, New Haven, secretary.

Delaware. Has homœopathic board, Dr. L. A. Kittinger, Wilmington, secretary.

Florida. Has homœopathic board, Dr. C. W. Johnson, Jacksonville, secretary.

Georgia. Has homœopathic board, Dr. R. E. Hinman, Atlanta, secretary.

Idaho. Dr. R. S. Gregory, Boise City; Dr. Susan E. Bruce, Lewiston.

Illinois. Dr. P. H. Wessel, Maline.

Indiana. Dr. W. T. Gott, Crawfordsville.

Iowa. Dr. A. M. Linn, Des Moines; Dr. A. P. Hanchett, Council Bluffs.

Kansas. Dr. D. P. Cook, Clay Centre; Dr. T. E. Raines, Concordia.

Kentucky. Dr. H. S. Keller, Frankfort.

Louisiana. Has homœopahic board, Dr. J. T. Crebbin, New Orleans, secretary.

Maine. Dr. W. S. Thompson, Augusta; Dr. A. I. Harvey, Lewiston.

Maryland. Has homœopathic board, Dr. J. S. Garrison, Baltimore, secretary.

Massachusetts. Dr. S. H. Calderwood, Boston; Dr. N. R. Perkins, Boston.

Michigan. Dr. J. H. Cowell, Saginaw; Dr. J. H. Ball, Bay City.

Minnesota. Dr. T. Lowe, Pipestone; Dr. W. A. Beach, Mankato; Dr. Margaret Koch, Minneapolis.

Mississippi. None.

Missouri. Dr. J. J. Thatcher, Oregon.

Montana. None.

Nebraska. Dr. S. F. Ashby, Fremont.

Nevada. Dr. J. L. Gamer, Tonopah.

New Hampshire. Has homœopathic board, Dr. G. W. Flagg, Keene, secretary.

New Jersey. Dr. C. A. Groves, East Orange; Dr. E. H. Baldwin, Newark; Dr. A. Uebelacker, Morristown.

New Mexico. Dr. W. D. Radcliff, Belen.

New York. Dr. W. S. Searle, Brooklyn; Dr. F. W. Adriance, Elmira; Dr. F. S. Farnsworth, Plattsburg.

North Carolina. None.

North Dakota. Dr. W. F. Hobart, Dickey; Dr. H. G. Woutax, Grand Forks.

Ohio. Dr. H. E. Beebe, Sidney; Dr. H. H. Baxter, Cleveland.

Oklahoma. None. (No board elected.)

Oregon. Dr. B. E. Miller, Portland.

Pennsylvania. Has homœopathic board, Dr. J. C. Guernsey, Philadelphia, secretary.

Rhode Island. Dr. John H. Bennett, Pawtucket.

South Carolina. Has homœopathic board, Dr. E. H. Chamberlain, Cheraw, secretary.

South Dakota. Dr. A. A. Cotton, Vermillion; Dr. H. M. Finnerud, Watertown.

Tennessee. Dr. W. L. McCreary, Knoxville.

Texas. Dr. J. D. Mitchell, Fort Worth; Dr. T. J. Crowe, Dallas.

Utah. Dr. F. E. Straup, Brigham.

Vermont. Dr. S. Sparhawk, Burlington; Dr. E. B. Whittaker, Barre.

Virginia. Dr. E. C. Williams, Hot Springs; Dr. M. R. Allen, Norfolk.

Washington. Dr. E. D. Olmstead, Spokane.

West Virginia. None.

Wisconsin. Dr. A. P. Andrus, Ashland; Dr. M. A. Barndt, Milwaukee.

Wyoming. None.

Corrections solicited.

The members of the American Institute of Homœopathy have received some very handsome booklets that are of special interest just now. These booklets were sent out with the compliments of the Chicago, Milwaukee and St. Paul railway. They are regarding Kansas City, Excelsior Springs and the Southwest Limited, the last named describing this famous train between Chicago and Kansas City.

The Library.

BOOK REVIEWS.

A Nursery Manual.

The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M. D., Lecturer on Diseases of Children, New York Homœopathic Medical College, etc. 184 pages. Cloth, $1.00. Postage, 5 cents. Philadelphia: Boericke & Tafel. 1908.

A neat little book on infants that should serve the physician well as to hand his patients. It owes its genesis to lectures delivered by the author in the Flower Hospital Training School for Nurses. It is a good homœopathic work, and we can heartily recommend it. Healthier children can be reared by attention to its contents.

A Manual of Practical Obstetrics

By Frederick W. Hamlin, M. D., Professor of Obstetrics, New York Homœopathic Medical College and Hospital. New York: Boericke & Runyon. 1908.

We always welcome a book on a topic like obstetrics by a homœopathic author, for we are of the belief that we possess men in our school who are as able to write on Obstetrics, Surgery, Pathology, Bacteriology, etc., as the members of any medical school. We have not had occasion, however, in many years to welcome a volume on Obstetrics from a member of our school. Prof. Hamlin's work is one that we trust will find its way to the head of the list of text books in all of our colleges. We have needed a text book on Obstetrics, and although the author modestly disclaims that the present volume is not designed as such, yet we feel it can take the place of a text book in conjunction with the teachings from the chair. Indeed, it seems to us to contain all that a student need know of the subject in his college course, and, furthermore, it is homœopathic in nature, though we would prefer to see fewer recommendations of the "indicated remedy" and more specifications as to what that remedy might be, but, in a manual of its size, this would, perhaps, be impracticable. The work is well arranged, and we feel confident that it will meet with favor in the school.

Nervous and Mental Diseases.

By Charles S. Potts, M. D., Medico-Chirurgical College, Phila. Second edition. Lea and Febiger, Philadelphia and New York. 1908.

This has ever been a popular manual, for the reason that it gave the essential points of nervous diseases in a few words, and the second edition is welcome for the same reason and for the further reason that it incorporates the important advances made since the publication of the first.

A scheme for examination of patients adds much value to the work.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

JUNE 1, 1908

Editorial.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Kansas City Meeting, June 22-27.

Just on the edge of the Great Southwest, a beautiful city stands with outspread arms, ready to give a typical Western, big-hearted welcome to you whether you are a member of the Institute or not. The welcome is there, just the same. It's up to you to come to get it. Four months ago we became prospective guests of our brethren in Kansas City, and they nobly accepted the duty of entertainment and have made their preparations to royally care for us. Speaking advisedly, I can assure our readers that the difficulty has been to prevent their filling the whole week with entertainment of the most gorgeous nature. They would have done it and been happy in so doing. All honor to them!

This year seems to be the renaissance of the activity of our school of medicine. From all quarters come reports of renewed activities in city, county and State societies. Last year the Ohio State society increased its membership by fifty. Last month at the meeting at Dayton, just ninety-one new members were added to the roll. At its last meeting, the Pennsylvania State Society added just an even hundred to its membership, and they are going to do still better this year. The Illinois State Society had four hundred on its attendance register at the meeting held in Chicago, May 14 and 15. From Michigan comes a similarly good report. Their meeting was a big one and evidenced lively activity in that State.

From everywhere comes reports of the great work being done by Dr. Willard Paul's Committee on New Members. The whole country has been districted and application blanks are being sent out by the thousand. Our president has been making himself felt, travelling here and there, attending meetings in all quarters of the country and making the kind of addresses only he can make. He is setting a tremendously high standard for his successor to follow. Everywhere his presence and talks have produced the greatest enthusiasm. We happened to be present at the Illinois meeting the afternoon he addressed the members. His closing sentence was the signal for an outburst, which lasted for minutes, and was only stopped when Dr. Copeland rose and acknowledged again the honor. We take that this can mean nothing more nor less than that there is an awakening all along the line and that the school is going to make a greater, better showing than ever before.

Now, while this is the truth of the situation, we must do something to publish the truth to the world. The greatest thing we can do is to make the Kansas City meeting such a great one that the world will be forced to sit up and take notice. Here is where a duty is put up to every man who gets his living through the prescription of homœopathic medicine. Not one of us can get away from that duty. It appeals to all. Are you going to heed that appeal?

Apart from this, the coming meeting is destined to go down in the written records of the work of the Institute as a great one. There are momentous questions to be decided, and important reports to be heard and acted upon. For instance, there is the first report from the new Council of Medical Education. We want to know what it has been doing for Homœopathy during the year. We want to know whether it has made good. We know that there has been a lot of work done, but we want to know that that work has accomplished something for Homœopathy. And we expect the council to tell us.

The president is going to make, in his presidential address, some suggestions, which, if followed out, are to make radical changes in many things connected with the activities of the Institute. Just what these recommendations are to be we may not say, but we can assure the reader that they are important enough to merit careful consideration. Just there is one strong reason why the attendance should be a large one. Numbers mean much.

There is another committee from which we should hear something very important. Last year, Dr. Copeland suggested the appointment of a committee to consider the feasibility of the creation of a "Board for the Promulgation of the Homœopathic Doctrine and Institutions." This board, if it is appointed, is to have the authority to employ a field secretary and such office force as is necessary to carry out its functions. The committee is to report at Kansas City. What has been done we do not know, but we do know that the proposition covers

a most important phase of the work that the Institute should have been doing long ago. We are not just sure that the work ought to be done through a board such as this. We, for several years, have had and expressed the opinion that the secretary of the Institute should be empowered to take up the work of a thorough organization of our school over the entire country, but it may be that the importance of this work is so great and its duties so wide-reaching that the Institute secretary could not fill the requirements, and a special officer for that purpose alone should be created. It can readily be seen that the question is a most important one and worthy the careful consideration of every member of the Institute. Right there is a particular reason why there should be a large and representative gathering at Kansas City. There should be a formal organization at every point in the country where even three or four men can be gathered together. Of that we are sure. It is the only way in which we can retain our strength and influence.

Another reason for your attendance. The Institute is meeting at the threshold of the Southwest this year because it was recognized that the opportunity now presented itself for us to "go in and possess the land." During the next ten years there is going to be a tremendous development of that region. Those who have studied the problem realize that to the first-comers will belong the fruits of conquest, and we stand the chance of establishing ourselves as these "first-comers." Those already in the field, headed by Oklahoma's Doctor Hensley (whose acceptance of the loss of the meeting was most graceful and praiseworthy), have been at work day and night in the interest of the Kansas City meeting, feeling that whatever measure of success attended, it would reflect to the firm establishment of our school in the country. We have no fear as to the showing their efforts will make. To them must be given credit for earnest, unselfish, untiring work for the Institute.

So we say to every member of the Institute, it is your duty to be at Kansas City, June twenty-second. Will you do your duty?

J. R. H.

THE ROUTE TO KANSAS CITY.

Perhaps there has never been a greater activity in railway circles than at the present time to secure the business of transporting our members to and from Kansas City. Railroads that have always sneered at our homœopathic conventions, and refused advertising patronage to our homœopathic periodicals, are now on top of the dung heap crowing lustily for the business and sending postal cards and printed circulars broadcast. We had experience with one of these roads at the times of the Denver and Omaha meetings, that was in the days of free advertising, they wanted everything and gave little in attention and comfort in return.

As one who has been a somewhat extensive traveler, we advise all those travelling from places east of Detroit and Toledo to go by St. Louis. It is the shorter route, there is but one station in St. Louis into which all roads run, and it is one of the best in the country. Take the New York Central lines, the Pennsylvania lines, the Baltimore and Ohio lines, from almost all Eastern points direct to St. Louis. They all run through cars, and fine trains. Then step into the Rock Island train for Kansas City. We say the Rock Island rather than any other road, for the reason that it is the best equipped road going into Kansas City; and, second, it has always been generous for our homœopathic meetings and periodicals, and if we mistake not, the president of the road is a staunch Homœopathist. Let us take the roads that have been good to us.

From Chicago the Rock Island from La Salle Street Station is the very best route, and those coming from the East over the Lake Shore will not have to change stations.

Those arriving in Chicago via the Pennsylvania lines can take the Chicago, Milwaukee and St. Paul road without change of station.

The following is a resume of the best time from various Eastern points:

Time Tables.

Leave Boston 10:30 A. M., N. Y. Central lines. Arrive Chicago, 12:50 P. M.. Leave Chicago C. R. I. P. Arrive Kansas City 10:35 A. M. No change of stations in Chicago.

Leave New York, N. Y. Central lines. Lake Shore Limited, 5:30 P. M. Arrive St. Louis 9:45 P. M. Leave St. Louis C. R. I. & P. 10:02 P. M. Arrive Kansas City 7:50 A. M.

Leave Philadelphia 3:54 P. M., Pennsylvania lines. St. Louis limited, arrive St. Louis 4:30 P. M. Leave St. Louis C. R. I. & P. 10:02 P. M. Arrive Kansas City 7:50 A. M.

Leave Baltimore 3 P. M., B. & O. lines. Arrive St. Louis 5:40 P. M. Leave St. Louis C. R. I. & P. 10:02 P. M. Arrive Kansas City 7:50 A. M.

Leave Washington 4:05 P. M., B. & O. lines. Arrive St. Louis 5:40 P. M. Leave St. Louis C. R. I. & P. 10:02 P. M. Arrive Kansas City 7:50 A. M.

From New York, Philadelphia, Washington and Baltimore, it is many miles shorter to Kansas City via St. Louis than via Chicago, and several hours of travel avoided. No change of station in St. Louis. The Rock Island train leaves at 10:02 P. M.

Boston University School of Medicine holds a clinical week, June 1st to 6th.. It will be largely attended by New England physicians. The large amount of clinical material will furnish an interesting and profitable week.

Just as we go to press we learn that Oklahoma has passed a single examining board bill, no school to have a majority, and materia medica and therapeutics to be included in examinations.

EDITORIAL BREVITIES.

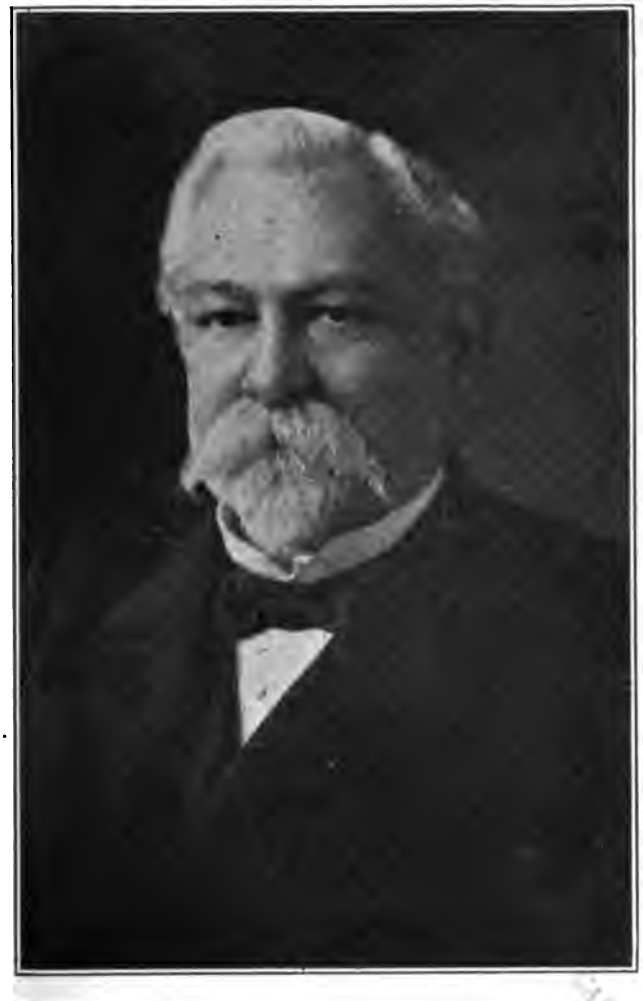
A New Supply of Lachesis.

From the associated press reports we presume the profession is sufficiently well informed of the recent supply of Lachesis obtained by Messrs. Boericke & Runyon, of New York, the exact method of securing the same, and all about it. It has been many years since the original supply was obtained by Dr. Hering, and it is interesting to note that Dr. Hering's grandson was present at the Bronx Zoological Gardens at the time the virus was secured. Some doubt had been expressed by some as to the genuineness of the serpent, as to whether it was really a specimen of the Lachesis trigonocephalus, such as Hering secured the original supply therefrom. This doubt has been set aside by Dr. Dittmars, of the Bronx gardens, who is an eminent authority, and who certifies that this is the true Lachesis, the same as is described in the homœopathic pharmacopœia, Allen's encyclopædia, etc. Messrs. Boericke & Runyon have shown much business enterprise in securing this new supply of Lachesis, and it will now be possible to procure this drug in lower potencies than heretofore. Moreover, it has been somewhat amusing to see some of the pharmacologists of the allopathic school sit up and take notice, and seemingly assert that it is something they have "never heard of." It is all the more amusing to recall the fact that Lachesis has stood the clinical test for seventy-five years, while there is not a single discovery in the materia medica and therapeutics of the allopathic school made since 1830 that has stood the test of a dozen years. Not one. It would be better for Drs. Theobald Smith, Robert Morris, and some of their kind if they would remove the cerumen of bigotry from their ears; they might "hear" of something of real value.

EXTRACTING LACHESIS VENOM.

Reminiscences of Dr. F. H. Orme.

The first few pages of this issue of the Medical Century are devoted to the reminiscences of Dr. F. H. Orme, of Atlanta, Georgia. Dr. Orme was president of the American Institute twenty-one years ago, an honor which came to him unsolicited, and conferred upon him in his absence; one of the old guard of stalwart Homœopaths, whose whole life has been devoted to the cause. Homœopathy all over the land and especially in the South, owes much to Dr. Orme, and, although now in advanced years, and not of the best health, his thoughts are as young and enthusiastic for the Institute and the cause as ever. We are glad to print these entertaining and interesting reminiscences, and do so in the hope that they will stimulate to loyalty and enthusiasm for Homœopathy in the Institute and



DR. F. H. ORME.

out of it, and the kind of Homœopathy that Dr. Orme stands for, the kind that will cure yellow fever or any other desperate disease, as well to-day as ever.

Editor's Table.

GENERAL NOTES.

With the April issue of Progress, Dr. D. A. Strickler gave up the editorial chair to Dr. J. P. Willard. Dr. Strickler has been the editor of this periodical ever since it started, and under his management it has been one of the live journals of the school, and we are sure Dr. Willard will continue in this path. Live journals are always needed in the school.

Dr. John H. Clarke, after twenty-three years' occupancy of the editorial chair of the London Homœopathic World, relinquished it to Dr. Charles E. Wheeler. Dr. Clarke will be missed, for he was a thoroughly good editor, one who was always on the alert for Homœopathy. His successor will carry forward the traditions and policy of the journal.

Dr. I. M. Flinn, of Washington, has been elected a director of the Delaware Antituberculosis Society.

The Revista Homœopathica do Parana has become the Revista Homœopathica Brazillira, and is edited by Dr. Nilo Cairo da Silva. It is a very useful periodical in the Portuguese language, of which there have been many in the past, but none equal to this one.

Dr. E. H. Pratt held a free surgical clinic at Hering Medical College for three days, commencing May 19th. It was well attended in all its sessions and much appreciated.

Dr. C. Gurnee Fellows has removed his office to 31 Washington street, Marshall Field Building.

Dr. W. E. Boynton announces that he has opened an office in suite 935, Marshall Field Building, Chicago, with hours, 3 to 5 P. M. Dr. Boynton has been working for several years in the line of eye, ear, nose and throat.

The Journal of the American Medical Association deprecates the fact that medical students are bombarded with sample and literature of proprietary medicines, yet this same periodical applauds laws that cut out a knowledge of Materia Medica and Therapeutics, as a test for licensure.

Dr. J. Frank Titus, of Eugene, Oregon, is the proud father of Master George L. Titus, who arrived at his home April 12th. Congratulation. We trust to enroll him on our subscription list in about twenty-five years.

Dr. James W. Ward, of San Francisco, was in New York recently and attended the alumni day exercises at the college.

It was a pleasure to meet again Dr. C. E. Sawyer, of Marion, Ohio, after his fifteen months' illness, and to find him as good as ever.

The Institute meeting is going to be one of the best in many years. Everyone should be there. No excuse will do. You'll miss more by staying at home than you'll lose business by going.

Drs. George H. and Eleanor Martin, of San Francisco, paid the editor of the Medical Century, a visit on their way east last month.

Dr. William Harvey King has resigned the deanship of the New York Homœopathic College. Several prominent names have been mentioned as his successor, but to the time of going to press no decision has been made.

Dr. A. B. Norton has issued his summer announcement, stating that he will be out of town June 21 to June 27th; will sail for Europe July 3d, returning September 22. Dr. Wm. McLean, who has been associated with the doctor for the last four years, will attend to the business during Dr. Norton's absence.

ST. LOUIS NOTES.

BY DR. SCOTT PARSONS, ST. LOUIS, MO.

Dr. George Royal paid a flying visit to St. Louis recently, and during his short stay was shown some of our prosperous homœopathic institutions.

Dr. Fred. Auf der Heide, of Drake, Mo., was in town on business, and while here attended the week-end surgical clinic of Dr. Scott Parsons, held at the St. Louis Children's Free Hospital.

The graduating exercises of the Homœopathic Medical College of Missouri were held at the Southern Hotel on April 23d, launching nine bright young men in the field of medicine. Those receiving diplomas were: Drs. T. F. Rensch, G. B. Couch, R. Cutler, W. S. Johnston, A. Gaston, H. Fledderman, T. Lowe, L. T. Armet and Jas. Smyth. Class honors were conferred upon Dr. T. Lowe, of Indiana. Dr. G. B. Couch, of Arizona, received the appointment of interne at the Metropolitan Hospital, New York City, and Dr. T. F. Rensch, of St. Louis, the appointment of interne at the St. Louis Children's Free Hospital.

The Alumni Association of the Homœopathic Medical College of Missouri celebrated the fiftieth anniversary of the foundation of that institution at the Southern Hotel on the evening of April 23d. About one hundred physicians, their wives and friends, of this city and surrounding territory attended. After a sumptuous spread, Dr. L. E. Bunte, the toastmaster for the evening, called for toasts, which were responded to as follows:

Medicine Now and Fifty Years Ago, Dr. L. C. McElwee.

The Material and Spiritual Cure, Rev. W. J. Williamson.

The Civic Responsibility of the Physician, Dr. Albert Merrell.

Class Reminiscences, Dr. J. A. Campbell.

An Alumnus, Dr. W. E. Reily.

Cards have been received announcing the marriage of Dr. N. B. Young and Miss Lucile Stoughton, at Farington, Mo., April 30th. Dr. and Mrs. Young will return to the city after a brief honeymoon. On October 1st they will occupy their new home, No. 23 Benton street.

Dr. Darwin Schott, of Troy, Ill., was in town recently and reports prosperity from his section of the country.

False medical bills, which, it is claimed, were trumped up by some "injured ones," and aim a blow at the Health Commissioner and Board of Health, are now before the House of Delegates and City Council. Their purpose, it is claimed, is to abolish the present Board of Health, placing these duties and the control and management of the eleemosynary institutions in the hands of a staff of physicians selected by the House of Delegates, and appointed by the mayor. The Joint Medical Council, a body made up of representatives of the various medical societies, clubs, etc., which has been working for two or three years to relieve city institutions of politics, is lending every aid to defeat these bills.

Dr. D. M. Gibson has removed his office to his residence, No. 4337 Washington Ave.

Dr. E. C. Graner, whose term as interne at the St. Louis Children's Free Hospital expired May 1st, has opened offices at No. 241 S. Jefferson Ave.

At the semi-monthly meeting of the St. Louis Homœopathic Medical Society, held at the Y. M. C. A., Dr. E. C. Graner presented a report of three very interesting cases selected from the surgical clinics of Dr. Scott Parsons. They were: Nephrectomy for laceration of the kidney and paranephritic abscess, Radical operation for inguinal hernia, this case having the unusual condition of a double sac, and an intussusception with a congenital malformation of the entire colon in a child eleven months' old.

Literature concerning legislative matters pertaining to Homœopathy in the State has been received from Dr. W. E. Reily, of Fulton. The energetic V. P. of the A. I. H. is a hustler, and intends to keep the ball rolling, and, if "somethin' ain's doin'" in K. C. it will not be Reily's fault.

Dr. J. L. Dryden was recently appointed a member of the committee representing the medical colleges, to confer with the Board of Health, concerning the erection of clinical buildings to be added to the present modern City Hospital.

OBITUARY.

Dr. H. A. Mumaw.

Elkhart, Ind., April 1, æt. 58. Hahnemann Medical College, Chicago, 1886. Dr. Mumaw was one of the active physicians of his section.

Dr. A. D. McElroy.

McKeesport, Pa., Mar. 27, æt. 45. Cleveland Homœopathic College, 1893.

Dr. W. W. Hartsell.

Rensselaer, Ind., Apr. 3, æt. 59. Hahnemann Medical College, Chicago, 1883.

Dr. M. O. Hunt.

Manchester, N. H., Mar. 25, æt. 88.

Dr. G. P. Westland.

London, Ont., Apr. 7, æt. 72. New York Homœopathic College, 1868.

Dr. W. E. Kunkle.

Newberry, Pa., Apr. 5, æt. 70. Hahnemann Medical College, Philadelphia, 1878.

Dr. A. B. Cossart.

New York, æt. 62. New York Homœopathic College, 1869.

Dr. C. W. Carrier.

Des Plaines, Ill., Apr. 16, æt. 58. Chicago Homœopathic College, 1877.

Dr. S. R. Walker.

Aurora, O., Apr. 19, æt. 49. Cleveland Homœopathic College, 1895.

Dr. J. B. Hawk.

Grand Island, Neb., Apr. 14, æt. 62. Hahnemann Medical College, Chicago, 1883.

Dr. C. P. Alling.

Dunkirk, N. Y., May 8th, æt. 70. Cleveland Homœopathic College, 1862.

Dr. C. W. Behm.

Chicago, May 16, æt. 38. Homœopathic Department University of Michigan, 1892.

Dr. T. E. Linn.

Asheville, N. C., May 14, æt. 39. Pulte Medical College, 1888.

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Addresses

THE MISSION OF HOMŒOPATHY.*

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICHIGAN.

This is a time when almost every passing day chronicles the birth of a new system of medical treatment. Most of these, it is true, are rather systems of applied philosophy or theology than of material therapeutics, but each is a protest against the existing order in medicine. Among laymen there is a widespread distrust of present methods of dealing with disease. There can be no other explanation for the abandonment of old methods. Man does not readily depart from the practices of a life time, and caprice, alone, would hardly account for this wholesale defection. Naturally one inquires regarding the attitude of the profession itself. What is the feeling among medical practitioners? Is there perfect confidence and assurance here, or is the uneasiness of the laity simply the reflection of a similar state of the professional mind?

The truth is, among physicians of the allopathic school there is abundant evidence of an almost absolute loss of respect for drugs and their therapeutic value. No longer does the practitioner pin his faith to remedies which for time out of mind have been depended upon in this or that disease. Osler, the head and shoulders of the dominant school, says, "He is the best doctor who knows the worthlessness of most medicines." "Throw physic to the dogs," is the almost universal cry of the old school medical men. Agnosticism is the attitude of that profession toward all therapeutic procedure. Only recently a prominent allopathic neurologist in one of the large cities of the continent stated to your speaker: "I am an honest man, trying to help my patients, and there is nothing, absolutely nothing, in our materia medica to give a ray of hope to the afflicted. I am helpless as a babe in the presence of disease, and feel myself to be a useless barnacle on the hull of society."

The Failure of Sanitation and Surgery.

Whence comes this lack of lay and professional belief in drugs? Why should men turn away from the established school, seeking cures elsewhere for their ailments? Is this revolution justified? Let us examine the records and see what is the state of things. Is disease just as fatal, perhaps more fatal, than formerly? Is human suffering less by reason of the seeming advances in sanitation, surgery and therapeutics?

In sanitation, for instance, there is a far flung battle line. No more do men trust in reeking tube and iron shard. Sanitation is not now a matter of foul smelling disinfectants. It is a technical, scientific attack upon the essential causes of disease. The nation, the state, the municipality, even the rural communities, are insistent upon the active observance of sanitary rules. The inspector, with equal foot, visits the capitol and the cabin, the palace and the pig-stye, the skyscraper and the adobe. Nothing escapes his watchful eye. With test tube and microscope, with culture medium and incubator, with guinea-pig and rabbit, with all the paraphernalia of modern science, he searches out the causes of disease and recommends methods to avoid them. The flea, the fly, the tick, the rat, the mosquito and the family cat are in turn the objects of his displeasure. Commissions without number have instituted successful search into the nature and hiding places of the foes of humanity. Undoubtedly, mankind has benefitted materially by these labors. Many regions of the earth, heretofore uninhabitable by any except the immune, are now safe dwelling places for all. Most of the plagues and epidemics of older times are now, in all probability, purely historical. Mankind, consequently, is under great debt to the many departments of science devoted to sanitation, even though the full measure of the debt may be infinitely less than the enthusiastic claims of the laboratory. Of this more may be said later.

Since the days of Lister, surgery has taken huge strides in results and popularity. Hospitals, a few years ago places to be dreaded and avoided, have become more numerous, and are crowded to the doors with patients seeking attention largely on the surgical side. Not an organ of the body and hardly an affection now is excluded from the surgeon's field. With waning interest in medicine and purely medicinal treatment, the profession and laity have turned to surgery. There is something appealing and fascinating in the thought of a brief surgical operation and convalescence, with immediate escape from long time pain. Why suffer the

*The Presidential Address of the American Institute of Homœopathy.

delay and ultimate disappointment of medical treatment, when the surgeon can so easily end both? Thus the surgeon waxes rich, the hospital accounting is to the good, and the old-time family physician, like "Doctor McClure," is known only as a character in fiction.

If, by sanitary and surgical procedure, disease is not only shortened, but longevity promoted, and human existence sweetened, it were unwise to utter protest against the present trend in medicine. But the wise man will "take stock" occasionally to see if he is really thus enriched. Let us tonight examine the situation and determine if it be one to face with joy or to face with anxiety.

The most encouraging results of human effort to wipe out disease and to promote longevity have been accomplished in the extremes of life. Thousands of babies have been kept alive who must certainly have died except for increased medical knowledge. Frail, puny, immature infants, formerly the easy victims of any infection, are so guarded that they pass the danger line and safely reach an age and development capable of self support. So too, the very old are warned against over active physical exertion, and so directed as to food, drink, surroundings and exercise, as to live beyond the old-time expectancy. Not so roseate, however, is the prospect of the middle stage of existence. Indeed, if statistics are worth anything, the outlook is gloomy and discouraging. Stevenson says the individual who expects to live but a week, should be just as cheerful and active as if he were expecting to live a hundred years. A member of this body does not share Stevenson's optimistic spirit. This doctor says that he is in constant dread that old Death, armed with a club, is lurking just around the corner, ready to beat out his brains and end his medical career. Were our friend to study the United States Census Report for 1902, he would find material to justify his fears, and he might come to feel that the patient, as well as the doctor, is not safe, excluding age itself, as he was even ten years ago.

Disease Becoming More Fatal.

As compared with the death losses of 1890, in the United States, the losses per hundred thousand in 1900 had enormously increased as regards certain diseases. Pneumonia, for instance, reaped 1,107 more deaths in every hundred thousand cases than ten years previously; heart disease, 1,328 more; kidney disease, 1,222 more; apoplexy, 806 more; diseases of the stomach, 338 more; diabetes, 164 more; cancer, 634 more. The increase of fatal cases of cancer in this country and all over the world is terrifying. In 1900, of reported deaths, thirty thousand people died from this dread disease in the United States. Probably, if the truth were known, more than fifty thousand persons departed this life as the direct result of cancer in 1907.

Arthur W. Mayo, late president of the International Congress of Surgery, in his recent book on "Cancer of the Stomach," is authority for some facts regarding the marked increase in the mortality from cancer. He says: "In England during the last thirty years the recorded death rate from cancer has nearly doubled, while in America it has almost been trebled. Doubtless this may be partly due to greater accuracy in diagnosis, for the increase has been largely recorded in the internal organs and much less accessible parts. But, as stated by Dr. Roger Williams, there has not only been uniformity in the varieties of the increment in the long accession of years, but the increase has inolved all parts of the body without material alteration in the normal proportionate ratios; moreover the increase has been recorded in most civilized countries."

For the sake of our present discussion, it is granted that some diseases are being reduced in number of cases and in severity by modern methods of treatment. For instance, tuberculosis, in its incipiency, is undoubtedly curable, or apparently so, by the present day system of rest, feeding, and out-of-door life. From personal inspection of most of the public, and many of the private sanitoria of America, your speaker is fully convinced of the value of the Trudeau system. Without the added aid of internal medication, the natural methods are certainly accomplishing much for humanity in its fight against the white plague. The universal testimony of the physicians in charge of these institutions is that medicines are never given, except, of course, for acute or intervening disease. The significance of this fact will later appear.

There is small wonder that the medical man, the sociologist, the philanthropist, the statesman, and the humanitarian should join hands in the great crusade against tuberculosis. The results of treatment in this disease are in such marked contrast to the usual effects of medical treatment that naturally they must attract wide and favorable comment. There is always more acclaim over one victory in a losing war than over a dozen fruitless battles. It was ever thus. We have heard, indeed, that "joy shall be in heaven over one sinner that repenteth, more than over ninety and nine just persons which need no repentance." No wonder a profession, counted among the learned callings, with its garments threadbare and its granaries empty, shall rejoice that in its barren acres is this one splendid field! We rejoice, too, and, with all mankind, join in the pean of praise and thanksgiving.

The curability of diphtheria by neutralizing the toxins of the causal germ is a second monument to scientific genius. There are those, of course, who still object to the use of antitoxin, and insist that it is harmful rather than beneficial. Personally, your speaker, at the risk of possible criticism from within the sound of his voice, states as his conviction that von Behring's gift to humanity is of inestimable value. However, he wishes, in the same breath, to declare that the effect cannot be explained as dynamic or therapeutic, in the true sense, but it is simply a wise use of chemistry almost as elementary as the administration of an alkali to neutralize an acid.

Let us turn a moment to another disease thought to be more or less under control of the modern

laboratory methods, viz., typhoid fever. Regarding this disease a recent writer has said: "In spite of all that is being done to purify water supplies and correct other means of conveyance of typhoid infection, in 1900 there were 3,405 deaths from this disease per 100,000, against 3,216 for 1890, an increase of 189. It is my personal conviction, based upon observation and reports in medical journals," this writer says, "that typhoid fever has been more prevalent for the past eighteen months than it was when the statistics embodied in the last census reports were gathered." Simon Flexner, the Rockefeller Institute investigator, reports a case where for half a century a patient, supposedly cured of typhoid fever, was nothing more nor less than a culture medium for typhoid bacilli. During all these years he spread and disseminated this dread disease. Another writer, George Dean, of the Lister Institute, in a March number of the British Medical Journal, tells of a similar case where the germs were found in the secretions of the body twenty-nine years after the attack. Forster, of Strassburg, has determined that the normal bile is an excellent medium for the typhoid bacillus and that fully 2 per cent. of typhoid victims, for months or years, are typhoid carriers. Talk about exterminating typhoid! One might as well talk about exterminating rain drops or snow storms!

In this connection, speaking of the dangers from infectious diseases, in a recent number of Science, Flexner says: "Perhaps the chief single compelling phenomenon is that of the microbe carrier, who is everywhere coming to be regarded as a serious menace to the health of communities. He is not a new discovery, for, as regards diphtheria, he has been known for more than a decade. But now he has been found to disseminate, not only typhoid fever, but also dysentery, plague, cholera, influenza, spinal meningitis, and, in certain localities, a host of protozoan diseases. Moreover, he is not, like the victim of tuberculosis, who is also a microbe carrier, a sufferer from the disease which he disseminates; he is, as a rule, immune to the microbes in an actual sense and is usually ignorant of the sinister role that he plays in life." Flexner recites instances of long persistence of disease producing microbes, not only of typhoid fever, but also of other dread conditions. Plague germs, for instance, have persisted seventy-six days after recovery; influenza bacilli have been found in the sputum a whole year after the attack.

With all these facts before us, the outlook is indeed gloomy. In spite of all that sanitation has done and may yet accomplish; in spite of all the marvellous results of surgery—the acme of which must soon be attained—in spite of all the modern methods of nursing and general management of the patient, disease is rampant; each year more prevalent and more fatal. Is there no help for the sons of men? Must we sit in idleness and with folded hands accept the inevitable as merely the execution of heaven's relentless verdict?

The Reason for Therapeutic Failure.

Before suggesting a remedy for this lamentable state of affairs we should, perhaps, analyze the figures and offer some reasons for these discouraging statistics.

For a decade we have bowed down and worshipped the laboratory. The physiologist, the pathologist, the histologist, the embryologist, the bacteriologist, the physicist, and the chemist have been placed upon a pedestal, demanding the homage of the nations. Your speaker takes second place to no man in his admiration of and respect for these scientists, and belief in their labors. They have faced myriads of problems, and, to the satisfaction and betterment of mankind, have solved them, one by one. As Achilles dragged the body of Hector at his chariot wheel, so has the modern scientist subjugated the unwilling mysteries of life.

Regardless of our interest in all this fascinating research, a proper proportion must be maintained. The conclusions of the experimental laboratories must not blind us to the fact that the human cell may not react in the same manner, and the laboratory of life itself may force a different conclusion. In the language of Duckworth: "The clinician is always in the face of the *personal factor* in each patient. The physiologist has a dog, or a guinea-pig, or some definite organ of an animal, but rarely a man, before him. The problems are not the same, and never can be. The personal factor, then, demands careful study from the physician, for men and women are not so many wooded nine-pins turned in a lathe as some would have us believe. . . . A very little consideration makes it clear that this is not true, and multitudes of instances at once disprove this view which is evolved in the laboratory of the physiologist and contradicted at the bedside."

The laboratory idea has run rife. Much of scientific value has been discovered, but all is yet too new, too unassimilated, to be of value to the practitioner. It is of no interest to the patient to be assured that this or that germ is the cause of his trouble, that this or that pathological change has occurred in his tissues. What he wants to know is, what will cure him? The *argumentum ad homonen* is: What can you do for me?

The general profession is rich in scientific theory, but, speaking now of the allopathic branch, poor in remedial resource. Among the laity there is, in spite of Collier's attacks, an increasing use of patent medicines. Quinine and opium are imported in large quantities, and the annual consumption of drugs is estimated by a conservative statistician at about two gallons, exclusive of liquors and cordials, for every man, woman and child in the United States! Probably a large percentage of the increase in heart disease may be attributed to the pernicious habit of using headache powders. Likewise, many of the deaths in pneumonia are doubtless the result of cardiac depression following the use of antipyretics. Even some educated doctors are still antidiluvian enough to think "the fever must be broken," to quote the antiquated language of olden days. All drugs used for their physiological effects to slow the heart's action and reduce fever are, in

the opinion of your speaker, harmful alway, dangerous often, and fatal not infrequently.

The Hopelessness of Allopathy.

Conservative and observant physicians of the old school have come to recognize these malevolent results of drugs. Naturally, they have lost confidence in them and a large number have practically abandoned therapeutics. This lack of confidence in drugs, added to almost reverential devotion to the laboratory ideas, has developed the Osler school of medical practice. It's slogan, as we have said, is: "He is the best doctor who knows the worthlessness of most medicines." The practice of medicine with most followers of this thought is a chase after scientific facts. The game is won by a careful record of the onset, course and effects of the disease, by a study of the bacteriological peculiarities of the attack, by a systemic examination of the secretions and excretions, and, finally, by a radical post-mortem examination to confirm the ante-mortem conclusions.

Your speaker does not wish to be unfair. He does not include in this class the majority of practitioners by any means. He respects and admires many of the other profession who are known to him as honest, conscientious men and women. In common with your speaker these join in protest against the present day trend. Take the language of Sir Dyce Duckworth, of London, for instance. In speaking before the Faculty of Medicine in Paris, four months ago, Sir Dyce said:

"We are, I much fear, suffering in these days from a widely spread spirit of incredulity, timidity, and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business as healers and mitigators of disease. Our knowledge of the materia medica has declined out of all proportion to that gained by the progress of bacteriology which claims to supersede the older therapeutical art. It will never supersede it, for there are, as Sir William Jenner said, but two great questions to be answered at the bedside of a sick man—what is the matter with him? and what will do him good? Are we not to apt today to forget the second question, to experiment with synthetical novelties, and to forget the old long-approved remedies? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skilful medical artists?"

The Mission of Homœopathy.

Were the subject ended here, your speaker would be counted an iconoclast, and the discussion fruitless. But it need not rest at this point, as we shall see.

There once lived a physician whose contemporaries differed from ours. His confreres, unlike ours, had faith, at least their works indicated a living and riotous faith, in drugs. Huge boluses, horrid concoctions, vile mixtures, and impossible combinations were the rule. No matter what form the prescription took, however, there was consistency at least in this, that each dose carried a gigantic amount of drug substance. In protest against these massive doses, this physician of whom we speak, proposed a single remedy, to be administered according to a certain law, in such quantity and form as to be at once assimilated by the system of the patient. Dissension and argument followed his pronouncement. Anger, vilification, ostracism, and banishment ensued. But the seed was sown and, the grateful tears of the healed watering the soil, the plant came to full leaf and vigor.

The times and the seasons have changed. Now the profession, the same old profession in spite of renewals in lock, stock, and barrel, has come to discard, not only the crude drugs of a century ago, but practically all internal medication. The pendulum has swung to the other side of the arc. But if Duckworth's warning is heeded, if this scientifically acute, but practically obtuse profession will but take its eye from the microscope and raise its head from the research table, it will see that the shrub of homœopathic therapeutics, so thrifty a hundred years ago, has now grown into a giant oak. Within its sheltering shade is room for all the tribes of men who seek the balm of healing.

It must be conceded that the dominant school can lay no claim to therapeutic possession. No matter what its need of praise, at least it can expect nothing in this direction. It should not resent, therefore, the claims of another for that which it does not itself possess, and upon which it places no value. Disclaiming monopolistic views as regards the law of similars, having at heart the highest good of the race, and only this, and looking upon the acceptance of our proven theories as the world's hope for the cure of disease, we must be forgiven, if, as a profession, we stand aloof from the non-therapeutic practice. There may be greater misfortune in this life than discord and dissension. The sword is sometimes more a blessing than is peace at any price. The mission of Homœopathy cannot be fulfilled until the theory of similars is accepted as the therapeutic law. We have no quarrel with the other school simply because of our differences in belief. We concede to all the privilege to think and form conclusions. We claim a like privilege.

Our observation of the careful proving of drugs, of the scientifically accurate materia medica, and of the daily results of its application, absolutely confirm our belief in the universality of the law of cure. Therefore, to set aside this conviction would be to surrender a moral principle, and to give up the secret of therapeutic success. We insist that the medical profession ought not be a political machine, a close corporation to be kept in perfect working order, a great organization consisting of orders and degrees, with national, state, district, county and local branches, having no ostensible reason for existence except to control legislation, regulate prices, dictate terms and methods for the treatment of the poor, and to seek the balance of power in party politics.

Truth alone is eternal. Theories change and

arguments based upon them fall to earth. Institutions having answered their purpose cease to exist. Governments are fleeting and transitory. Democracy, even, is said to be an experiment. To us it seems as steadfast as did the City of the Seven Hills and the Roman Empire itself to the contemporaries of the Apostle Paul. But all this has passed away. So it must be with the established order in medicine. An institution which has outlived its usefulness, which has so far lost its cunning as to permit disease to multiply in its very door-yard, which has so failed of its mission as to witness the almost daily birth of a new system of medical thought—such an institution must lose its prestige and deserves no better fate than to pass into innocuous desuetude. In its stead will be adopted another system, a system which has passed a century's probation, and with each year has strengthened its hold upon the minds of the observant.

The Rediscovery of Homœopathy.

Homœopathy was an experiment in Hahnemann's time; it proved its value by the clinical test during the next period; by the present day methods, it has been scientifically proven, both as to the theory of similars and the small dose. Sir A. E. Wright's opsonic work, for example, is but a confirmation or rediscovery of Homœopathy. The results of his research are familiar to every professional listener. Working, for instance, with the germs of pus production, he, too, observed the law of similarity. Taking minute quantities of the toxins of the disease-producing germ, toxins capable of producing symptoms similar to those caused by the germ, he was able to cure the lesions produced thereby. Not only did Wright thus rediscover the law of similars, but also, strange as it may seem, he hit upon the century old conclusion as regards the size of the dose. One ten thousandths of a milligram, equal to the sixth decimal dilution of the homœopathic profession, is the dosage recommended by this scientist. This work is but one example of recent unbiased confirmation of homœopathic claims. Indeed, wherever the allopathic school can point to positive results in therapeutic treatment, these but verify our claims. The opsonic theory of Wright, the anti-tubercular system of von Behring, the mercurial treatment of specific disease, indeed every single therapeutic procedure of proven value in use by the other school, is simply a verification of Hahnemann's theories.

Conclusion.

In Homœopathy, humanity has the priceless secret, the key to the shackles of disease, the relief from the bane of the ages. This has long been the testimony of our own school of practice, it has occasionally been admitted by a broad-minded and observant man of the other school, and this past twelve months especially has been widely discussed in scientific bodies, and the homœopathic ideas, if not the name, are now practically accepted by the dominant school. In the language of the bright-winged angel of olden days, we "bring you good tidings of great joy, which shall be to all people." In Homœopathy is healing for the nations. With joint ownership in all the marvels of surgery, in all the products of the laboratories, in all that the sciences collateral to medicine have determnied—with joint ownership in all these, Homœopathy has been sole possessor of the knowledge of remedial application. When surgery has been helpless, the laboratory impotent, and general science hoeplessly at sea, Homœopathy has gone on, serene in the conviction of cures impossible by other methods. Practitioners of our faith are everywhere, our hospitals are increasing in numbers and influence, our asylums, homes, and dispensaries are without end; the records are open and the results of our practice speak for themselves.

But the homœopathic profession has no wish to make selfish use of its knowledge. As the momentary ambassador of this great profession and in the name of Samuel Hahnemann, I freely confer upon all physicians, of all schools, of all creeds and color, of all nationalities and languages, a boon greater than scalpel or forcep, greater than anæsthetic or anodyne, greater than hypodermic or application, greater than lotion or emollient, the knowledge of the homœopathic materia medica, and the right to use it in its original purity. By authority of his living heirs, I divide with you our inheritance and receive you as sons and daughters, with ourselves, of our father in the faith, Samuel Christian Frederick Hahnemann.

University of Michigan, June, 1908.

RECENT ADVANCES IN MEDICINE.*

BY F. C. ASKENSTEDT, M. D., LOUISVILLE, KY.

From an old school standpoint the past twenty-five years have been noted for a remarkable advance in surgery, but comparatively little progress has been made in the application of drugs to disease. Here in America, where the manufacturing chemist, to a considerable extent, has influenced the practice of old school medication, there is a growing demand for proprietory remedies, with a corresponding decrease in the use of the drugs of the pharmacopœia, while in the less "free" countries of Europe, where commercialism in medicine is servant, not master, skepticism in regard to the efficacy of drug treatment prevails. And no wonder stimulants have been found depressing, preparations of digestive ferments inert, internal antiseptics harmful, and for the rest, only a small fraction is of proven value. The vis medicatrix naturæ, which has too often been left out of consideration, is coming to her rightful place. Instead of being subjugated to the "wisdom" of man, her ways and means are being scrutinized and promoted. To stimulate the reactive force is now become the slogan of medicine. This explains the prominence lately accorded hydrotherapy, electrotherapy and mechanical vibration.

That infectious diseases are best treated with substances closely allied to the causative factor of the disease, is repeatedy affirmed by the foremost thinkers in Europe. This is undoubtedly the most im-

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portant advance made in medicine during the last decade, and the only one which has aroused general interest.

Wishing to avoid a lengthy essay, I will offer for your consideration only a few deductions made by men of modern research, and which reflect the trend of present day advance in pathology and medicine.

As has already been intimated, a consideration of the vital reaction has become fundamental to present progress in medicine, and it seems pertinent to this paper to quote the following statement from Coplin's Manual of Pathology:

"Weigert called attention to the fact that in the process of repair the tissues always manifest a tendency to exceed the absolute requirements for the restitution of structure, and Ehrlich applied this observation to explain the formation of antitoxin."

That this tendency to an excess of reaction is not confined to the formation of antitoxins alone, but applies well-nigh universally to every function of the body is seen in the increased endurance to heat or cold acquired by frequent exposure, in the increase in growth and vigor of muscle from exercise, in the warmth and stimulation following the first depression of a brief application of cold, in the presence of free hydrochloric acid in the chyme of the stomach, in an excess of the red cells of the blood following mild hæmorrhages, and in the stimulating effects resulting from small doses of such depressing drugs as Quinine, Aconite, Arsenic, Tobacco, etc. The analogy between the action upon animals of bacterial toxins, and the poisons of a higher order of plants is amply demonstrated. Ehrlich made many of his deductions regarding the action of bacterial poisons from experiments carried out on animals with brain, a poison obtained from the jequirity bearing plant, and with resin, the active principle of the castor oil bean, having found that antitoxins were produced by these poisons in identically the same way as when resulting from inoculations with bacterial toxins. But immunity is too complex a state to be fully explained simply by the presence of antitoxic bodies in the blood. Other reactive process have been made evident. The lysogenic power of the blood serum, dissolving bacteria or animal cells, the precipitations and the agglutinating power of the blood; the phagocytic activity, stimulated by the action of opsonins upon the invading germs; each can be produced in excess in response to experimental inventations. The same excess of reaction is exemplified by the various drug habits, as tobacco, morphine, arsenic, where many times the originally fatal dose can be endured with but little injury. The rising of the opsonic index is a demonstration of the reactive force, which to us is of especial interest. The similar remedy (the germ causing the infection being modified by artificial culture and sterilization), the small dose (equal to 6x or 7x trituration) of dead bacteria, and the long intervals between the repetitions for the dose (one week or longer), certainly suggest that our old school friends are thinking the thoughts of Hahnemann after him.

An apparently impossible gulf seemed to exist between bacteriological science and Homœopathy in the idea that the reactive effects of the vital powers were specific, confined wholly to the specific cause which produced them. This idea is at present being considerably modified. At the International Hygienic Congress held at Budapest some years ago Roux reported that tetanus serum is antitoxic, not only to tetanus toxin, but also to snake venom, while snake venom serum in turn proves active against scorpion poison. Recent researches go to show more fully that the reaction of immunization is broader and more complex than at first was supposed. Pearce, writing in the Albany Medical Annals, and Woltmen, in the Journal of Experimental Medicine, admits that antitoxic bodies possess a certain latitude of action against toxins of a similar nature, and designates this action as specific only because it has its limitations. In the Journal of American Medical Association, October 5, 1907, McFarland and L'Engle report their experiments with rabbits, one of which was inoculated with dead staphylococci and acquired a higher opsonic index for the staphylococcus, but at no time an increased index for the tubercular bacillus. Two other rabbits were later inoculated; one with yeast cells and the other with human blood. Both developed a higher index for the staphylococcus. The following comment was made: "If the opsonins were truly specific in action, as had been our previous conception, the serum of the rabbit receiving the yeast should become highly opsonic for yeast. That of the rabbit receiving the erythrocytes, for red blood opsonic corpuscles, but neither blood should in any manner change in its opsonic relation toward the staphylococcus. Contrary to our expectations and to the observation recorded above, but in accord with the results of Potter, Ditman and Bradley, such definite results were not forthcoming. The blood of the rabbit receiving the yeast increased its phagocytic action for yeast cells; that of the rabbit receiving the human erythrocytes became phagocytic for human erythrocytes, but the blood of both rabbits underwent a remarkable change in activity toward the staphylococcus." . . . They further state: "The only explanation that suggests itself to us is that offered by Hektoen in his studies of the hemopsonins, that some are specific and some are only partially specific. It seems to us that what is true of the hemopsonins may also be true of the bacterio-opsonins, and that the injection of yeast cells is followed by the development of a small quantity of specific opsonin for yeast cells and a considerable quantity of non-specific opsonin that acts on the staphylococcus."

Again, in the study of precipitins, which are reactive products capable of producing coagulation of the relative fluids that by inoculation gave rise to them, we find an activity directed against various substances similar in nature to the relative causes that produced them. Turning once more to Coplin's Manual of Pathology, we read: "Within certain limits the action of precipitins approaches specificity. The serum of an animal immunized to human albumens reacts, although with less intensity, to the serum of the higher ape; rabbits immunized to chicken serum yield a precipitin that also reacts with pigeons, and animals immunized with albumen

derived from the egg of the chick produce sera containing precipitins for the egg albumen of closely related birds. Precipitins are useful for the identification of blood in medicolegal cases, and may be used for the recognition of horse meat and dog meat in sausages, and are also of value in showing the relation existing between closely allied animal species."

We learn, therefore, that the reaction of the vital forces to toxic substances is much broader than was admitted a decade ago, and that this range of action is principally directed against bodies closely related in nature; in other words, against those having a close similarity of action, seems an inevitable conclusion.

The last link in the concatenation of evidence to the truth of Homœopathy—the curative action of the similimum—is thus being forged, and Hahnemann stands vindicated. It would be unfair, however, to assert that the whole truth has been on our side. Similarity of symptomatology does not necessarily imply similarity of cell activity. The pathology of drug action must be studied alongside of the pathology of disease; apparent similarities must be reduced to certainties, and cell life, the basis of all functions, must be studied in all its intricacies before the practice of medicine will bid fair to become an accurate science. In common with our old school confreres, we, as Homœopathists, have still much to learn, much to relinquish, much to accompliseh. But whatever may be said of our methods, the principle of cure, "like cures like," is gaining universal recognition.

Practice of Medicine.

THE TREATMENT OF DIARRHŒA IN INFANTS.

BY EVERETT E. LUSK, M. D., KEOTA, IOWA.

To the physician engaged in the general practice of medicine there is perhaps no single question that is of more practical importance during the hot months of summer and autumn than the treatment of diarrhœa in infants. This disease is one that, while more liable to work its worst effects among the poor, yet none are exempt from its ravages.

The treatment of this condition naturally falls under two important heads, 1, prophylactic, and 2, curative, and again each of these may properly be subdivided into two parts. Under prophyalxis we may include a, feeding, and, b, hygiene; while under curative treatment we may include 1, medical, and 2, adjuvant.

The normal standard of food for the child up to weaning time is human milk, and it is evident that for the mother to provide proper nourishment for her child her own health should approach as nearly as possible to the normal. Therefore, it should be the physician's aim to maintain careful supervision of the health of such of his patrons as are about to become or are mothers.

Every babe should be trained from the beginning to regularity in feeding, whether it is to be raised in the natural or artificial way, and should receive its nourishment at intervals of from two and one-half to three hours. It should be nursed or fed at about 9 o'clock P. M., and not more than twice, preferably once, from then until morning. During the first year a child should gain from ten to twenty-four ounces per month, and if there should be a material lack in this increase the question of nourishment should be looked into. Children who are firm in flesh are not in so much danger from diarrhœal diseases as are those of flabby fibre, and to secure this favorable condition their diet should be under careful supervision and direction.

Mothers who nurse their babies should be instructed particularly in the care of the breasts, for if the child is given a nipple upon which the milk has been allowed to dry from the previous nursing the entrance of bacteria to the digestive tract is almost certain to occur. To obviate this accident she should bathe the nipple after each nursing with a saturated solution of boric acid or sodium biborate, and before nursing with sterile water. If the nipple is cracked or the skin abraded a rubber shield should be worn or the milk should be drawn and fed to the child.

Infants which are bottle-fed should never be allowed to nurse through a long tube, but should be fed by means of a short nipple made to fit over the neck of the bottle which can be easily cleaned and sterilized. After each feeding the bottle should be plunged into boiling water and afterwards filled with or immersed in a solution of sodium bi-carbonate or sodium chloride and left thus until required for use again. It is impracticable to carry out in general practice the elaborate methods outlined by most pædiatrists, but every bottle-fed baby should have at least two bottles with separate nipples so that a fresh one be always ready for use.

As a substitute for mother's milk my experience has led me to prefer modified cow's milk to any of the prepared foods. It is not enough to simply direct the attendant to mix so much milk and other ingredients together and give so much of it at such intervals, but she should be instructed to carefully examine every stool, and the moment any departure from normal occurs to report, for the condition of the stool is the most important indication as to the suitability of the food. If the stool is not exactly normal a search should be made for the cause and the food modified accordingly.

In addition to the food infants should be given plenty of pure fresh water, an ounce or two being given occasionally between the nourishment periods.

The personal hygiene does not receive the attention generally that should be given to it in the care of young children. The daily bath should be given with religious regularity, and some of our leading pædiatrists advise allowing the child to play in a bathtub partly full of luke-warm water for a few minutes in connection with the bath. As to clothes, most babies are made uncomfortable by being dressed too heavily. Dresses should never be made long enough to interfere with the free action of the child's feet, and only of sufficient weight to insure

against chill. On hot days it is well to remove all clothing but the diaper and put the child on a pallet on the floor or on its bed where it will be free from drafts and let it enjoy absolute freedom. A child should never be covered when asleep so heavily as to induce perspiration, a cotton sheet or a spread of baby-flannel being amply sufficient, on warm days.

Diapers should be removed and immersed in a solution of chloride of lime or some other antiseptic as soon as they are soiled by urine or fæces, and this precaution becomes especially important if the child is sick with diarrhœa. Mothers should be warned against the filthy habit of re-using a diaper that has been soiled with urine or fæces, before being disinfected and washed thoroughly. After the diaper is removed the child's buttocks and thighs should be carefully washed and dried and dusted with lycopodium powder or some bland non-irritating powder. In cases of diarrhœa a powder consisting of zinc oxide and starch each two parts and boric acid one part may be desirable to control any tendency to chafing or excoriation of the skin. From two to four daily alvine evacuations should be secured in infants during their first year. If the bowels are permitted to become constipated there is likely to develop an irritation at some point of the intestinal tract which will result in diarrhœa.

Early in the attack of diarrhœa a mild purge of castor oil should be administered to secure as nearly as possible complete evacuation of the digestive tract, and colonic flushing with normal salt solution should be done as soon as the oil has had time to act. A large soft catheter should be attached to the nozzle of a fountain syringe and introduced from six to eight inches while the water is flowing. After four to six ounces have entered the bowels the nozzle should be detached and the water that has been introduced allowed to escape through the catheter, and this process should be repeated until the water returns clear and free from fæcal matter. If there is considerable fermentation it is good practice to inject for retention one or two ounces of a mixture of one part glycothymoline to three or four parts sterile water at a temperature of 100° F. The bowels should be washed once or twice in twenty-four hours, and in cases with much mucous discharge once in six to eight hours. If tympanites develops the gas will often escape through the small catheter introduced and left in the colon for a few minutes.

Except in the case of emaciated infants all nourishment should be withheld for from twelve to twenty-four hours, and when the child is too weak to allow the complete interdiction of food only small quantities of barley-water or rice-water should be given. Pure cold water may be given, to supply the waste in the tissues caused by the enteritis. When food is resumed only barley-water, rice-water or arrowroot should be given, or, if refused by the child, egg-albumin water made by mixing the whites of two eggs with a pint of ærated boiled water may be used instead, or in cases where none of these are well taken I have given mutton or beef tea with good results. Some recommend the expressed juice of raw beef seasoned by the addition of enough salt and mixed with water. The milk diet should be resumed with great caution so that a relapse may not be precipitated. Some cases seem to require the soothing effect of rectal injections of sweet oil on account of the irritating colitis. Still others require stimulation, which Raue recommends administering in the form of a little brandy and five to ten drops of beef juice added to each feeding of a mixture of rice-water twenty ounces, milk sugar one ounce, and the white of two eggs.

As in the case of adults, absolute rest and quiet should be maintained, so far as it is possible, the child never being carried about on the shoulder or jostled on the knees, as we have all seen loving but misguided mothers or nurses doing. It should be placed upon a firm mattress with sufficient padding to insure the bedding against becoming soiled and should not be disturbed except for the necessary attentions of administering the medicine, and hygienic care.

The exhibition of the remedy in infantile diarrhœa deserves the most careful differentiation. It is truly wonderful what can be done to relieve these little sufferers with the well chosen homœopathic remedy even when the most lax methods with regard to diet and hygiene are employed. However, it seems to me little less than reprehensible in a physician to depend entirely upon the indicated drug remedy alone in the care of these little patients.

There is not time in the few minutes allowed for this paper to do more than indicate the remedies most likely to be required in the treatment of these cases. Those which I have found most often indicated are Belladonna, Chamomilla, Apis, Calcarea carbonica, Arsenicum, Nux vomica, Ferrum phosphoricum, Hepar sulphuricum, Gelsemium, Aloes, Veratrum album, Pulsatilla, Ipecacuanha. There are other remedies that will often be indicated, especially in cases that develop complication such as collapse, hæmorrhage, and such accidents as are likely to occur in severe cases, but these and useful adjuvant treatment with many other helpful suggestions will doubtless be brought out in the discussion.

HOMŒOPATHIC TREATMENT OF RHEUMATISM.

BY C. A. PAULY, M. D., CINCINNATI, O.

Within the last few years different theories have been advanced as to the cause of rheumatic fever. A bacteriologist claims to have discovered two distinct bacteria which upon injection into animals have caused inflammation of the joints and of the Endocardium and other serious membranes, accompanied by fever. "Organisms have been obtained from rheumatic modules in pure culture and have reproduced in the rabbits pericarditis and polyarthritis."

Many observers believe the tonsils are the point of infection of this disease and that bacteria of the streptococcus form multiply upon the tonsils and give off toxines which are absorbed and help to produce fever. If this theory is true, we ward

off many attacks of rheumatism with Aconite, Belladonna and Mercurious biniodide. Other investigators advance the idea that lactic acid is the real cause of rheumatic fever. One writer claims to have produced rheumatism by injecting lactic acid and by its internal administration.

The neurologist brushes aside the theory advanced by the bacteriologist and says the disease has its origin in the nervous system. "Cold and dampness affect the nerve centres, through which changes in the metabolism are induced and there is retention of material, such as lactic acid, which should be eliminated, but while circulating through the blood gives rise to rheumatism."

While the cause of this disease has not been fully solved, the general opinion leads toward the bacteriological theory. Rheumatic fever bears a strong resemblance to sepsis. The general course and symptoms of the fever are so closely allied with specific infectious diseases, there is reason to believe the fever is due to micro-organisms.

From the clinical side we know that rheumatic attacks follow exposure to cold or dampness, we know the fever is most common in spring and fall. At times it seems to be epidemic. It is more common in the young between the ages of twenty and forty, older people usually have sub-acute or chronic rheumatism with acute exacerbations. We know the attacks come on suddenly, but often preceeded 24-36 hours by listlessness, chilly sensations and sore throat.

General Treatment.

When rheumatic fever begins one or more of the joints swell rapidly and become very painful and tender. Measures for the comfort and relief of the patient should be resorted to at once. The sooner rheumatic fever is controlled the less likely is endo or pericarditis to appear as a complication. Attention should first be directed to the bed. It should be neither hard nor soft—a wire mattress and a hair mattress with rubber sheet and double blankets will answer the purpose. Let the covering be light, have the patient wear flannel and sleep between blankets, if no objections. He should be kept in bed until the fever subsides and convalescence is well established. The heart should be examined at each visit and temperature taken three times daily. "Irregularity in the pulse, pain about the heart, or oppression, or sudden rise of temperature without the involvment of new joints should lead to an especially careful examination."

Local Treatment.

It is important to keep the affected joints at rest, there will be less pain and more rapidly will the local process run its course, wrapping the joints in cotton, applying a starch bandage or the application of a splint should be satisfactory.

For the relief of severe pain use hot fomentations or cold compresses to the joints. Frequent sponging and changing of clothing will be necessary for cleanliness and the comfort of the patient.

Diet.

While the fever and the pain and swelling of the joints last, the diet should be liquid. Milk is preferable. Patients who cannot take milk may be given soups and broths, flavored with vegetable extracts, give barley and oatmeal gruel. For the thirst plenty of cooled water—lemonade—barley and oatmeal water flavored with lemon.

During convalescence the diet should be farinaceous, but not saccharine. Rice, oatmeal, cornmeal, milk toast, malted milk and wine jelly. When convalescence is well established, solids—eggs, fish, oysters, white meat of chicken, bacon and sweetbreads, with vegetables—spinach, lettuce, green peas, mashed potatoes and stewed celery. Give plenty of fresh and stewed fruits without sugar.

Internal Treatment.

There are more than ninety remedies to be found in our materia medica for the treatment of rheumatism. For the acute articular variety there are few remedies, but they will serve us well if properly selected. For the fever we have Aconite and Bryonia.

When there is great restlessness, anxiety, thirst, full bounding pulse with high temperature, nervous and irritable plethoric individuals, the joints are swollen red and exceedingly sensitive to contact, and when endo or pericarditis has supervened, give Aconite in the first or second dilution every hour. When Aconite seems to have exhausted its force, Bryonia is nearly always the remedy to follow.

Bryonia's field of action is unlimited, it is indicated in all forms of rheumatism and most of the complications, such as cardiac, pleurisy and pneumonia.

Bryonia attacks the joints and muscular tissues—the joints are greatly inflamed, dark red, swollen and very hot—the pain is sticking and tearing, worse from motion. The fever is high, tongue coated white—great thirst, bowels constipated.

In muscular rheumatism, Bryonia is indicated when the seat of the disease is in the muscles of the chest or trunk. The pains are tearing and inclined to shift from one place to another.

Belladonna.

High fever, hot, dry skin, thirst, throbbing headache, pulsation of the carotids—tearing, cutting pain deep in the bones, coming and going quickly—bright red, shining swelling of the joints. Pain worse at night and from motion and touch.

Colchicine, as recommended by Goodno, is an excellent remedy in acute articular rheumatism. From 3 to 5 drops of a solution of 1 gr. to Alcohol 1 ounce every 2, 3 or 4 hours, according to the age of patient and intensity of the pain. This remedy should be pushed to almost the point of physiological action to control the fever and relieve the pain and swelling of the parts in a short time.

Rhus toxicodendron.

Acts upon the fibrous tissue and the sheaths of muscles. In acute articular rheumatism, Rhus is indicated when there is violent fever with a tendency to typhoid, delirium and great restlessness, the swelling of the joints is slight, the pain extends from the joints along the sheaths of the muscles. The pain forces the patient to move—

motion does not aggravate—there is soreness and stiffness. Damp weather and exposure to cold aggravates; warm applications relieve.

Arsenicum.

Burning, stinging, tearing pains with pale swelling of joints, restlessness, anxiety, especially at night. Profuse sweat which relieves the pain—affected joint has to be moved constantly—applications of heat give relief.

Mercurius.

Mercurius is a remedy to be considered in the treatment of acute rheumatism. "The fever runs high, the pulse is remarkably quick and hard, the perspiration is very copious, has a musty smell, the thirst is annoying—the local swelling is not very great, but painful and intensely red. The breath is foul, the tongue has a thick, yellow coating, the appetite is gone, every kind of food causes nausea—the pains are worse at night, towards midnight. Aggravated by severe cold and relieved by warm applications.

"In muscular rheumatism, Mercurius is indicated when the pains increase at night and are deep seated as if the periosteum were attacked, with great sensitiveness to pressure.

"Mercurius deserves a leading position in the complications of the vital organs, in cardiac inflammation, in pneumonia, pleuritics and meningitis."

Pulsatilla.

Pulsatilla is indicated in both the acute and subacute forms, there is not much swelling or redness, the pain jumps from joint to joint. The knees are the parts usually involved. There are gastric and liver disturbances.

Ledum.

Ledum has a place in the treatment of the smaller joints. Cimicifuga and Phytolacca the muscles Spigelia in the heart complications and Ferrum for anæmia caused by the rheumatic attack.

References:

Baehr, Bartlett, Goodno, Dewey, Forchheimer and Osler.

TATTOOING, ESPECIALLY AMONG CRIMINALS.

BY G. FRANK LYDSTON, M. D.

Professor of Genito-Urinary Surgery, State University of Illinois.

Tattooing is very prevalent among habitual criminals, especially in Europe. So far as my own observations—and they have been extensive—enable me to form an opinion, malefactors who submit to tattooing are actuated by various and complex motives—motives which often are deeply rooted in their psychology. The psychology of the habitual criminal is, in general, very primitive, being akin in many respects to that of the child or savage. Novelties attract them, and the suggestion of the bizarre offered by tattooing has a very powerful influence upon them. There is also the element of an "aristocratic" tendency among criminals, which, in effect, is not very different from that shown by respectable men and women who wear distinctive emblems of one kind or another. There is an inherent mysticism in a large proportion of the human race. This, in combination with a desire for class individual distinction, is the fountainhead of Masonry and its congeners. There is a Masonry among criminals as well as in the upper world. This has come to be well recognized among criminologists. The distinctive tattoo marks found especially among European criminals are indicative of an esprit de corps that is psychically the same as that which actuates the wearer of a Grand Army badge or Masonic emblem. So far as the pride of exhibition of insignia is concerned, the criminal, with his emblematic tattoo marks, is on a par with the respectable gentleman who displays the mysterious cross or double eagle of the higher orders of Free Masonry. The writer confesses to this rather harmless and not discreditable weakness as to the "eagle."

The intense ego of the criminal and his primitive ideas of personal adornment have much to do with his custom of tattooing. The various emblems with which he adorns his skin, stamp him as of the criminal aristocracy, and give him inflated ideas of his own importance, which ideas are, with little difficulty, imparted to his criminal brethren. The tattoo marks are a part of his puerile system of "brag." The primitive ideas of personal adornment prevalent among criminals are distinctly atavistic in character, and, so far as tattooing is concerned, place them on a common plane with the American Indian or the South Sea Islander.

A point worthy of attention is the fact that the resources of the criminal for amusement are very limited while in prison, and moderately so outside of it. Tattooing affords an opportunity for diversion to both artist and subject, with gratification of the egotism of both, and especially of the former. The custom of tattooing his own initials or name upon his skin is rarely actuated by a desire for identification in any individual, least of all, in the criminal. It is inspired by egotism, pure and simple, and is based upon the same principle as the cutting of their initials in all sorts of places by respectable individuals. From the standpoint of egotism, the sailor who tattoos his own initials upon his breast is on a par with the criminal who adorns himself in a similar manner. In the case of the criminal, only overpowering egotism could so far overcome his abhorrence of establishing permanent means of identification as to cause him to deliberately submit to the tattooing of his own initials upon his person. The tattooing by male criminals of female figures and names on their bodies is, in many instances, mere sexual symbolism, and is rarely actuated by a refined quality of sentiment. Often, indeed, it betrays perversion or inversion. The same holds true of non-criminals who decorate themselves in like manner. The tattooing of a likeness of one of the same sex upon the body is an almost certain indication of inversion. Perversion among criminals, by the way, is very prevalent.

In a certain sense, the same primitiveness of psychology, which is responsible for the tattooing prevalent among criminals is explanatory of their penchant for writing vulgar and obscene inscriptions upon the walls of their cells, and on the margins and fly leaves of books. This has been quoted as characteristic of the criminal class. It is, however, the co-relative of the same sort of inscription writing, and the vulgar and obscene pictures that are to be found in various public places of convenience that are not supposed to be especially frequented by criminals. The latter class of inscriptions are mainly the work of juveniles, it is true, but the frequency with which they are written by adults is a sad commentary on human depravity. The analogy between the immature minds of boys, which lean toward depravity of expression in the manner described, and those of criminals at once suggests itself. The non-criminal adult who indulges in the same practices is usually immature of brain development and unmoral rather than immoral.

The class of drawings and inscriptions alluded to are evidence of perverted or "restrained" rather than suppressed sexuality.

Havelock Ellis says that tattooing is an evidence of the sensory obtundity of the criminal. While the relative insensibility of the criminal to pain is admitted, I doubt whether it is responsible for tattooing. The desire for a decoration of the skin with tattoo designs existing, the trifling amount of pain produced by the process would not be likely to be taken into consideration, even by normal beings. The relative primary insensibility of the criminal to pain is a point where atavism and degeneracy are so closely blended that their differentiation would savor of splitting hairs. I believe, however, that the relative insensibility of the savage to pain, which is the foundation of the atavistic theory of the relative insensibility of the criminal, has been somewhat exaggerated. In the case of our American Indian, particularly, the stoicism exhibited under torture is largely a matter of cultivation, the Indian, from babyhood up, being subjected to various sources of physical torment, to which he eventually becomes inured, largely through that familiarity which breeds contempt, and by a species of auto-suggestion.

It is probable that Joan of Arc and the Indian at the stake, alike benefited by both auto- and hetero-suggestion. The favor of God and of the Great Spirit, the promise of Heaven and of the Happy Hunting Grounds are equally powerful in psychic effects. If the savage knew aught of the modern theories of degeneracy, he doubtless would classify as degenerates those whose stoicism gave way under physical pain.

Relative anæsthesia in women is normal, even among civilized women. This compensates for the superiority of the male will in some directions. Neuro-degeneracy, in general, does not always increase this relative insensibility, as is shown by certain hysterics and hysteroids who are extremely sensitive to pain. Hysterical anæsthesia has its counterpart in hysterical hyperæsthesia.

Admitting, as we perforce must,—despite the exaggeration of the quality by scientists—the relative insensibility of the savage, we are by no means justified in assigning a lack of sensibility to degeneracy. On the contrary, I believe that the savage standard is the normal; that of civilized man the artificial. An approximation of civilized man to the savage, as regards relative insensibility to pain, cannot fairly be termed degenerative, unless neuropathic disorder can be shown. As I have elsewhere shown (Diseases of Society), a line of demarkation should be drawn between atavism and degeneracy. An albino Ethiopian is a degenerate; but a black fowl in a flock of white ones of the same breed is usually an atavistic phenomenon.

Materia Medica.

SYMPTOMS OF KALI PHOSPHORICUM.

BY GEORGE ROYAL, M. D., DES MOINES, IOWA.

In my study of the provings of this remedy a few symptoms were grouped for the purpose of showing the probable use of the drug.* In the schema an endeavor has been made to so arrange the symptoms that the same object may be attained.

Mind.

Feel irritable to-day. Mind active, hard to concentrate. Impossible to get to sleep. Very nervous, cannot sit still, extremely restless. Inclined to be blue. Mental activity at first stimulated then depressed. Mind not clear, anxiety with palpitation of heart. Read several pages, but could not remember anything I read. Cannot recall names. Drowsy and yet nervous and restless.

Head.

Vertigo, vertigo aggravated by stooping. Vertigo with blurring of vision. Hot burning in right supra-orbital region. Slight dull pain in the forehead ameliorated by slow motion and in the open air. A dull pain in left frontal region aggravated in a close room. A dull pain around the temples as if something pressed against the temples. A sudden, intense congestive headache. An intense frontal headache aggravated in house, ameliorated in open air. Sharp neuralgic pains in left orbital and occipital regions. Neuralgic pain over eye. A sharp bursting headache aggravated by stooping, ameliorated in open air. A dull pain in median line from roots of nose over to occiput. Head feels dull and tired. A dull frontal headache over both eyes, worse in the P. M. A dull general headache which lasted all day.

Eyes.

Injection of conjunctivæ, inflammation of the conjunctivæ, sensitive to light. Pain in the eyes at times sharp, again dull. Sharp shooting pains over the eyes. Eyes sensitive to light. Dull aching pain in left eyeball. Sense of fulness over the left eye.

*Transactions of A. I. H., 1907, page 235; also North Am. Journal of Hom., page 555.

aggravated from light. Eyes feel as if they would bulge out, aggravated by motion. Sensation as if eyes were too large and were being drawn out. Dull pain in both eyes with increased tension, aggravated on motion. Eyes have dull appearance. Watery secretion from the eyes. Heavy feeling of eyelids. Eyelids were agglutinated in the morning. Mist before the eyes when reading. Eyes feel as if the pupils were dilated (staring), and the balls were hard. Eyes tire when reading. At the same time a dull tired headache. A sharp pain over inner half of right eye, ameliorated by rubbing. Intense pain in eyeballs worse at noon.

Ear.

Sharp pain in the ear. Hearing very acute. Sudden sharp pains in right ear. Dull pain extending into left ear. Dull ache in ears. Ears feel as if stopped up. Fulness in ears.

Nose.

At first sense of smell more acute, but later less than normal. Pain at root of nose.

Face.

Face flushed. Glands about face and neck swollen. Face pale at times, at other times flushed.

Mouth.

Mouth and lips dry. Mouth and tongue seemed burned. Bad indescribable taste. Bitter taste. Foul taste. Tongue coated white, coated white with some brown in center. Saliva greatly increased. Tongue seems too large. Trembling of tongue.

Teeth.

Wisdom teeth sore to touch. Teeth feel sore. Third lower molar sensitive to pressure.

Neck and Throat.

Soreness of parotid glands, aggravated from pressure. Soreness of the left side of throat, aggravated by eating. Left parotid quite hard. Pain in glands, aggravated by motion Dryness of throat. Soreness and pain in left side shooting into ear when swallowing. Throat raw and dry.

Stomach.

Eructations of sweet tasting gas. Sharp pain in pit of stomach ameliorated by stool. Odor of cooking meat caused a faint feeling to pass over me. There was a little nausea. Vomited supper which left a general weakness. Eructations of bile worse after meals. Sensation of heaviness in pit of stomach, ameliorated by pressure. Stomach feels relaxed and heavy. All gone feeling, empty feeling. Nausea with vertigo. Intense hunger, but food does not satisfy, though it causes a feeling of fullness. Desire for cold things, for spicy things, pickles and the like. Thirst increased.

Abdomen.

Rumbling of gas in abdomen. A dull feeling to the left of navel while walking, ameliorated by rest. Abdomen tender to pressure. Pain from umbilicus downward, ameliorated by eructation of tasteless gas. Flatulency. Pain and griping aggravated after eating.

Rectum and Stool.

Stools softer than usual which relieved the flatulency of the abdomen and the accompanying pain and distress. Color of stool varies, at first dark, then yellow, the latter diarrhœic and having an offensive odor. A light yellow, watery stool followed by a normal one. Urging to stool.

Sexual Organs.

Our provers were all males, but failed to report any symptoms.

Chest, Heart and Pulse.

Sharp cutting pain in the region of the heart ameliorated by bending forward. Aching in the left chest through to scapula. Dull, heavy pain in the left chest, which seemed to stop the heart beat. For four days, there was a marked increase in the rapidity of the pulse. The pulse was weak and soft during that time. Rapid pulse with a sense of suffocation in a warm room. Broke out into a cold sweat which relieved the sense of suffocation. Pulse very rapid and weak. Palpitation of heart with rapid pulse, aggravated by motion and accompanied by anxiety.

Neck and Back.

Aching between scapula. Creeping pain from occiput down to loins. Intense pain along the spine which at times alternated with the occipital pain. Tenderness of the entire spine. Aching pain in the lumbo-sacral region.

Upper Extremities.

Sharp spasmodic pain in left arm from axilla to elbow. Soreness in the left arm from motion and touch. General stiffness worse after motion. Aching slightly, ameliorated by change of position. Right arm tires easily. Stiffness of right shoulder with sharp pain; the stiffness is aggravated by rest but ameliorated by gentle continued motion. Sharp cutting pain in palm of left hand. Feeling as if a wire were strung between ulna and little finger. Hand trembles so that can hardly write. Arms and hands feel very nervous and weak. Twitching of muscles of arms and fingers.

Lower Extremities.

General stiffness aggravated after motion. Aching slightly relieved by slow continued motion. Left hip stiff and painful, ameliorated by slow motion.

Aching in all the joints. Knee joint stiff, ameliorated by slow continued motion. Weak, tired, lame, ameliorated by slow continued motion. Fidgety feet.

Sleep.

Restless all night. Awoke early and could not go to sleep. Pain in the limbs prevented sleep. Sleepless because of palpitation of heart and sense of suffocation.

Fever.

No rise in temperature. A cold clammy sweat which seemed to relieve the palpitation; rapid, weak pulse and sense of suffocation caused by a five grain of the IX.

Modalities.

Aggravation. From eating. Early morning. Cold. Vertigo aggravated by stooping. Headache aggravated in closed room. Eyes aggravated by light.

Amelioration. From change of position. Gentle and slow motion. Open air. Pain in abdomen better by eructation of tasteless gas. Pain in pit of stomach, ameliorated by stool. Pain in region of heart, ameliorated by bending forward.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

Aurum Metallicum.

Provings of Aurum have been frequent of late years in the nervous and mental wrecks turned out by the numerous "Keeley cures." Such patients are subject to many forms of nervous and mental collapse.

The Keeley graduate has lost will power, mental force, the power of mental concentration, sexual power. All this seems to contribute as a factor in the hopelessness and helplessness with suicidal tendency found in these unfortunates, and when they relapse, as they generally do, from a lack of will power and an insatiable craving for something to overcome their pitiful abjectness, they generally go deeper into excesses than before, and their last condition is worse than their first.

The Aurum patient's melancholy is worse than that of any other drug there is. Not a glimmer of light shinging athwart his mental horizon. And although he is the constant prey to suicidal thoughts and impulses, it is of the cowardly sort, and he rarely attempts to carry them into action.

In melancholy compare Ignatia, Lachesis, Hyoscyamus, Mercurius, Cimicifuga, Calcarea carbonica, Sepia. Aurum has a specific action upon the bones and glands and upon the circulation, producing two sets of symptoms.

The bone and gland diseases are generally concentric to Mercury, or syphilis or both. In this connection it is indicated in nasal and aural discharges, which are chiefly marked, from

The Noble Metals.

They are: Aurum metallicum.
Aurum muriaticum.
Argentum nitricum.
Argentum metallicum.
Platina.
Palladium.
Radium.

They have many symptoms in common, especially mental symptoms. Attacking the emotional and not the intellectual sphere, similar to the strychnia salts.

They all affect the nervous system profoundly, and through the nervous effect the nutrition suffers; this is especially true of silver, which, through its action on the motor filaments of the spinal cord, produces atrophy of the lower part of the body with paralytic symptoms almost identical with locomotor ataxia. Compare Alumina.

They all affect the glandular system, producing indurations of lymphatics, testicles, mammæ and the secretory glands of the alimentary tract. The uterus and ovaries are likewise affected.

Do not forget what has been said in an earlier paper, that the noble metals affect the noble tissues, the brain and nervous system, and the organs immediately under their dominion, as the heart, the digestive glands, the ovaries and testicles.

On mucous membranes it causes catarrhs, their offensive character, being associated on the one hand with caries of the nasal bones on the other with caries of the mastoid disease.

Its chief associates in these various diseases with offensive discharges are: Nitric acid, Silicea, Calcarea fluorica, and Asafœtida.

Circulatory.

The second set of symptoms above referred to are those of chronic congestion. This congestion may or may not be secondary to an uncomplicated hypertrophy, with increased force of heart beat, associating the drug with Rhus, Spongia, Arnica and Cactus.

This congestion is so great as to cause induration and increased weight of the organ involved. So it is often indicated in uterine prolapsus, when the os feels hard and unyielding to the examining finger. It is also often indicated in chronic cerebral hyperæmia with the suicidal tendency.

Iritis.

Aurum should not be forgotten in ulcerative iritis, engrafted upon a syphilitic or mercurial soil.

Argentum nitricum.

Mentally the Argentum patient is excited, nervous and impulsive, and there is associated in all neuralgias found under this drug, be they cerebral, gastric, ovarian or what not, a senstion of expansion as though the part were swelling to an immense proportion.

As Aurum affects the nutrition by quantitative blood changes, by distributive anomalies, so Argentum produces a more serious effect by affecting the quality of the blood, destroying its nutritive qualities, and at the same time paralyzing the nerve centers. Thus it produces partial or entire paralysis of the limbs, with lack of co-ordination, there is shriveling of the parts affected with wrinkled, dead looking skin.

Its paralytic symptoms are very similar to those found after diphtheria.

Its principal analogues in post-diphtheritic paralysis are: Stannum, Zincum, Causticum and Gelsemium.

Mucous membranes.

Silver has a decided action upon the mucous membranes When used as a caustic it causes a superficial escar by coagulating the albumen contained in the epithelium into a thick yellow mass; so it is indicated in catarrhs of mucous membranes with thick, yellow, bland discharges, like that found under Pulsatilla, and should be associated with that drug in ophthalmia, especially ophthalmia neonatorum, and uterine discharges. When indicated in uterine disease there is generally a prolapsus with induration, as under Aurum, and also a neuralgia of the left ovary, which is sensitive to touch.

Neuralgias.

Besides this ovarian neuralgia, silver causes a cerebral and gastric neuralgia, which may be idiopathic or symptomatic of some nervous or catarrhal disease. This neuralgia is characterized by numbing, aching pains, which increase gradually and decrease gradually, as under Stannum and Platina (opposite of Belladonna). It may appear in the head when it is characteristically in the left frontal eminence, when there is a burning pain, or there is a sense of expansion, as though the patient bones were being separated. Of a part with the sensation of expansion characteristic of the drug. (This is characteristic of the metal, as it is said that a 52-cent dollar of silver imagines that it is quite full size.)

The Argentum patient will often be found wearing a tight band around the head, which relieves the pain by its pressure. (The Silicea band by its warmth.)

Gastralgia.

Argentum has a well marked dyspepsia with craving for sweets, with flatulence, but characterized principally by a gastralgia, with the same characteristics as the headache, i. e., pains that increase gradually and decrease gradually, and are relieved by pressure. These pains radiate in all directions, probably really involving the semi-lunar ganglion.

Laryngitis.

Argentum metallicum as preferred in laryngeal symptoms is a homœopathic sheet anchor in the hoarseness and aphonia of speakers (paresis), characterized by a profuse secretion looking like boiled starch—a "thick bland discharge." Here the drug should be associated with Rhus toxicodendron, Causticum and Aurum triphyllum.

In cerebral neuralgia, left-sided, with Nux vomica, Sepia, Spigelia, Kalmia, Tabacum.

Platina---General Analysis.

This drug is generally indicated either in derangements of the female sexual organs, neuralgias with cramping pains or constipation. When indicated there is generally present a marked mental state, which immediately suggests the drug. This consists tersely in an aggravated estimate of the patient's importance, which is shown in several ways.* She is egotistical, thinks herself better than others, or the parts affected seem too large, much like the Argentum sense of expansion; objects seem too small. This is asociated with mental depression, and in female diseases with increased or perverted sexual desire. Sulphur, Hyoscyamus, Phosphorus, Murex.

Female Genitals.

Platina may be indicated by almost any disease of these organs if the mental state accords. It is especially indicated in dysmenorrhœa with early profuse menstruation and cramping pains. There are also burning pains in the ovaries.

*As a bright student once put it, a "Hypertrophy of the ego."

Palladium.

The remaining noble metal should be associated with Platina in the disorders of females. The mental symptoms of the drug are very similar to Platina, only there is more extreme sensitiveness arising from a condition of extreme self-consciousness. The patient's feelings are easily hurt, and she is aggravated from excitement, especially from having company; after which she is very irritable.

Palladium has a group of uterine symptoms that would seem to indicate it very often, but its sphere of usefulness is so limited that it is often neglected. They are: Abdominal soreness with downward pressure, pain in uterus and bladder after exertion. Knife-like pains in the uterus relieved by stool, retroversion, swelling in right ovary, worse from exertion, though better walking than standing (Sulphur).

Do not forget Lilium trigrinum as a near associate of Palladium and Platina in these conditions. Lilium has a similar mental state, and the knife-like cutting pains, but under Lilium these pains are more in the ovarian region.

The other remedies to be principally thought of here are Beladonna, Natrum muriaticum, Sepia and Ignatia.

Constipation of Metals.

Platina is an important constipation remedy, and for convenience and to favor comparison it will be treated in connection with the constipation of Alumina, Graphites and Plumbum, Ferrum metallicum and Antimonium crudum, all metals.

These metals all have a constipation characterized by:

1st. Intestinal inertia. Compare Opium.

2d. Intestinal dryness. Compare Bryonia.

The stools of Alumina and Platina crumble at the verge of the anus. Compare Natrum muriaticum, Magnesia muriatica, Kali muriaticum.

That of Plumbum and Graphites comes in small balls—scyballa—looking like sheep's dung (Opium).

The Graphites stool is not perfectly dry, but is held together by small strings of mucus, and may be tinged with blood from anal fissures.

To recapitulate—Platina,great intestinal inertia, dry, crumbling stool, traveler's constipation.

Plumbum.

Intestinal inertia (very characteristic), absolutely no desire for stool; concave abdomen, tight sphincter, scybillæ.

Alumina.

Lack of expulsive power with intestinal inertia, dry, crumbling stool; babies' constipation.

Graphites.

Intestinal inertia, round balls knotted together with mucus, rectal fissure, fat, chilly patients with unhealthy skin.

Antimonium Crudum.

Has alternate diarrhœa and constipation of old people, or stools begin hard and become soft before they are completed. This is associated with the white tongue.

Ferrum Metallicum.

Constipation of chlorotic girls associated with inertia.

Analogues.

For comparison with the non-metallic remedies see Nux vómica.

Therapeutics

HOMŒOPATHIC REMEDIES IN HEART LESIONS.

BY O. F. MILLER, VINE GROVE, KY.

It would be pleasing to me were I able to chronicle some startling disclosures in respect to this subject, were I able to state facts in regard to some drug which had proven capable of renewing diseased valvular tissues, contracting dilated cavities, and removing adhesions; in a word, removing all traces of disease in that hydraulic mechanism, the heart. Our experience has not been so pleasant; time after time, so often as occasion occurs, I am confronted with the fact, that so far, no drug, homœopathic or otherwise, has yet in its administration proven other than palliative, fastening a consecutive increase in cardiac strength, and removing conditions dependent on valvular deficiencies, the lesion remains.

However, we may rejoice in this fact, that probably no school possesses such a full and efficient group of palliatives as we, and consistently given, our patients can be relieved and lives prolonged indefinitely.

In my locality nearly all the cases of cardiac lesions are due to the influence of rheumatism, or excessive muscular strain. The remedy I am called upon to use, therefore, most frequently, is Rhus, rarely do I have to select another. I give it in potencies varying from 3x to 30x. The 3x seems at times to aggravate the condition and then the 30x does admirable work. If insufficiency is present, Digitalis infusion is used. I have repeatedly used this remedy in tincture without effect and now no longer hesitate to order it in large doses, at suitable intervals, as needed. Jousset sets forth the homœopathicity of the drug, and states the necessity of large doses thus: "In the treatment of asystole it is necessary to administer medium and strong doses of Digitalis, for asystole is produced by these doses."

Digitalin chloroformic

Or Digitoxine, is highly recommended by some as both reliable and energetic.

Convallaria majalis

Is classed as a diuretic tonic and sedative to the nervous system. It seems to increase the energy of; and regulate and excited cardiac action, and may be used when Digitalis fails, disagrees, or causes nausea. It has a selective action upon the right heart, and hence is a valuable agent in the flagging heart of pneumonia.

Spartein

Is a remedy whose action is both rapid and durable, but is said to have no diuretic action. It seems to combine the action of Aconite with Digitalis, regulating the heart's action without increasing blood pressure.

Strophanthus

Gives great relief in the dyspnœa accompanying diseases of the heart; in large doses it paralyzes the heart, and should be useful in acute heart failure with marked dyspnœa, in muscular insufficiency and disturbances due to valvular lesions. It increases arterial tension and the energy of the heart's action, is a diuretic, and well borne.

Adonis and adonisdin

Have been much lauded as substitutes for Digitalis, and are valuable remedies in both functional and organic conditions, in mitral insufficiency, and in interstitial myocarditis. They do not have the cumulative action of Digitalis, are tonic, diuretic and direct cardiac stimulants. They are irritant in large doses and have caused cardiac paralysis. In fatty conditions they are said to reduce the fat and relieve the dyspnœa.

Caffeine

Is a remedy also useful in asystole when the pulse is weak, and cardiac murmurs are greatly diminished.

In acute endocarditis probably Aconite, or Aconitine is the principal remedy. Hart says: "The inflammation caused by Aconite is rheumatic in character, and this explains why Aconite is so useful in these inflammations." It should be used in mother tincture during the first stage, when its well-known characteristics are present. An intermittent pulse here is not a contra-indication. I have found this remedy very useful also in cases of tobacco heart, with acute pain and much anxiety.

Cactus

I have not used frequently, probably because I have been looking for the so-called characteristic, "feeling as if constricted by an iron band." Am beginning to believe that this symptom is far from being a constant one clinically.

Recent laboratory experiments may be quoted to prove this remedy is totally inert. Dr. Hotchin, in J. A. M. A., Sept. 21, 1907, states that Cactin, the active principle of Cactus, is utterly useless, since in any reasonable dose administered to cats, frogs, dogs, etc., it has no appreciable effect. Clinically, however, this remedy does control cardiac action through the ganglia of that organ, relieving palpitation due to an unstable condition of vaso-motors, palpitation of high altitudes, neurasthemics, excessive tobacco users, and alcoholics.

Spigelia

Is a noble remedy when pains radiate over the phrenic nerves and those of the brachial plexus, pulse irregular, intermittent, slow, with some dyspnœa. In rheumatic carditis and pericarditis with violent palpitations. In angina pectoris with sclerosed arteries, it is the principal remedy, palpitations, syncope, worse from least motion.

Arsenicum

Has a profound action upon the heart, producing endocarditis, hyertrophy, fatty degeneration, pain, dyspnœa, and palpitations. It stops the heart's functions by affecting its nerves, ganglia and muscles. It also produces vaso-motor paralysis, the pulse is small, irregular, with a considerable decrease of the arterial tension, anxiety, great restlessness, with nightly aggravations.

Cratægus

Is a remedy that has been highly praised at different times in various literature. It is said to have a solvent power over crustaceous and calcareous deposits in the lumen of the arteries. Eclecticism especially praises it as a specific in cardiac conditions. I may say that, so far, my experience with it has been disappointing.

Phosphorus

Is a remedy whose cardiac action is often overlooked. It produces a typical fatty degeneration of the cardiac muscle, the tissue is brittle, and appears fatty to touch, and to the eye. This remedy acts more particularly upon the right heart, hence its great value in pneumonias, relieving the various stagnations, the pulse is feeble, and may be diminished or accelerated.

Other remedies may be frequently useful in cardiac lesions which I have not mentioned, especially the snakes venom, Kalmia, Tabacum and others, any or all of which may prove to be the curative similimum in certain types of disease. Careful selection here, as in every case, is necessary.

[Ky. Hom. Soc.]

Dermatology

THE SKIN DURING PREGNANCY.

BY MARY THOMPSON-STEVENS, A. B., M. D.

The topic chosen for this paper is so comprehensive, we may wander here and there, touching almost any subject. It was not written to elucidate any new or startling discovery or theory, but simply to call attention to, and stimulate observation along, a much neglected field.

First, a somewhat cursory review of the anatomy and physiology of the skin may not be out of place, not because it differs particularly during pregnancy (though there are some changes), but because most of us proceeded to forget all about it as soon as we received our credits in those branches, for it seemed less important, perhaps, than the anatomy and physiology of other parts of the body.

So complex is the structure and physiology of the skin, it is not surprising that it is subject to so many and so differing disorders, and it is only recently that its importance as an organ of the body has been recognized, so that much remains to be learned.

The depth of skin varies from three and three-tenths to three and seven-tenths millimeters. The epidermis, with its numerous layers of epithelial cells, the outer layers hard, horny, and with no protoplasm, hence no life, is a great protection to the subjacent tissues, because of its impermeability and insensibility, preventing disastrous effects of high and low temperatures and the injurious action of many poisonous substances.

Beneath the epidermis, or rather gradually merging into it, is the corium or true skin, made up of a dense network of white fibrous tissue and elastic fibres, and containing several systems of bloodvessels to supply the different parts, also lymph vessels, the sebaceous glands, sweat glands, (some two and a half millions in number), hair follicles, fat cells, muscle fibres, and various nerves—the vaso-motor, temperature, touch, sensory and motor.

The subcutaneous tissue is really a part of the corium, but has a distinctive name, owing, as Unna says, "only to the circumstance that, in consequence of the macroscopically appreciable deposit of fat in it, a distinct border line is visible even to the naked eye."

This it is that gives the roundness and beauty to our integumental covering, and if absorbed through wasting diseases, wrinkling of the skin ensues.

As one of the four excretory organs of the body, the skin is not unimportant, though when this function is interfered with, the work is performed by the other three, intestinal tract, kidneys, and lungs. There is considerable difference of opinion among dermatologists as to the effect that would ensue on complete suppression of its emunctory action, some claiming death would soon follow, and others disputing it. But the complementary relation between skin and kidneys is well known, there being much more urine in the winter when the skin is less active and less in summer when the secretion from the skin is greatest. The amount of water excreted is twice that excreted by the lungs, and has been estimated at about one-sixty-seventh of the body weight per day.

The protective function of the skin is one of the most obvious, guarding against too great loss of fluids and heat from within, protecting the underlying structures from pressure and preventing the ingress of toxic substances.

The sensory function depends upon a variety of nerve fibres—fibres for heat, fibres for cold, fibres for pain, fibres for touch and fibres for pressure. In addition to all these various nerves are the vaso-motor and the trophic nerves, all of which have an important bearing on both the physiological and pathological conditions of the skin.

The respiratory function, as far as the exhalation of carbonic acid and inhalation of oxygen is concerned, is insignificant, when compared to that of the lungs; but as has already been stated, the exhalation of water is large. However, as there is increased exhalation of C_2O from the lungs during pregnancy, it is highly probable that more is also exhaled from the skin at that time, and so there is added necessity for the proper hygiene of the skin.

Absorption by the skin is not very great, except of volatile substances. Watery solutions, and for

the most part alcoholic solutions cannot penetrate the horny outer layers with their waxy consistency, and the oily coating derived from the sebaceous glands. When much of the latter is removed by vigorous rubbing with soap and water, or if the epidermis is defective, there may be some absorption. Oily substances are more absorbable, but even these require to be rubbed in, the minute globules being thus forced into the gland ducts.

The secretory function of the sweat and sebaceous glands has been referred to, the amount of sweat said to average 2 pounds per day. The sebaceous glands are most active from the age of 15 to 25. The secretion from both sets of glands is increased by dilatation of the blood-vessels and by elevation of the temperature of the skin, and is under the control of the nervous system, thereby being subject to variations.

Pigmentation in the skin is found in the lower stratum of the epidermis, there being a slight straining of the cells and fine granules of melanin in the cell cavity. Its origin is still in question, some claiming the pigment is carried up by the leucocytes from the subcutaneous tissue, others that it is formed in the cell protoplasm, and still others that it reaches the epidermis by "Chromatophores" or "wandering cells."

In common with the other organs of the body, the skin undergoes numerous physiologic changes, and it is only when these changes pass the physiological and become pathological that they are troublesome.

"To what end this long preamble?" it may be asked. Just to freshen our memories before proceeding to consider the hygiene and pathology.

Since there are both qualitative and quantitative changes in the blood and also functional modifications of the nervous system, with perhaps increase in the amount of nervous tissue, the skin must be affected thereby.

The activity of the hair follicles is increased, so cases have been observed in which pregnancy stopped the falling out of hair, though there was likely to be a relapse after labor.

Likewise there is great increase in the functional activity of the sebaceous and sweat glands, as well as of the mammary gland, which is classed as a skin gland, this activity depending, of course, on the changes in the blood and nerves.

There is hypertrophy of the skin of the abdominal walls and greater deposition of fat. In most cases this growth is not proportionate to the growth of the uterine contents, so the elastic fibres are stretched and bluish-red or pink streaks occur. Following labor these lines become pearly white. They are given various names, as lineæ albicantes, striæ gravidarum, or the cicatrices of pregnancy. They appear during the last third of pregnancy, and are due to a thinning of the skin layers from the atrophy, diminution of the lymph spaces, and to the fact that the connective tissue fibres now run parallel to each other. These striæ also appear in the gluteal and femoral region. However, I have seen patients in whom there was scarcely a trace of them, even after two pregnancies.

Then, there are always deposits of pigment in various parts of the body, as the primary and secondary areolæ around the nipple, an areola about the umbilicus, in the median line, sometimes extending from pubes to ensiform cartilage, in the labia majora and often in the face. The expression, the "mask of gestation," arises from a pigmentation frequently seen in the forehead, nose, and upper lip. Brunettes are more subject to it than blondes. Following labor, it fades out gradually, but seldom entirely, and may remain more and more, following successive pregnancies.

Kaposi reported a case in which the earliest sign of pregnancy in the first month was increased pigmentation of a large mole on her neck.

Various theories are advanced as to its cause. One suggests amenorrhœa, another imperfect elimination and oxidation of carbon, another some effect upon the supra-renal capsules or the nerves supplying them, but the nervous system seems to control it.

There is often a mild seborrhœa co-existent with this chloasma gravidarum, in which case the skin is usually oily.

Since the trouble practically disappears after labor, it would be unwise to subject the patient to the irritation of the usual applications of corrosive sublimate, hydrogen peroxide, lactic acid, etc., which causes exfoliation of the outer corneous layer, and often even blistering.

In order that the physiological may be less likely to become pathological, greater attention should be paid to the hygiene of the skin.

Of the utmost importance at this time are baths of various kinds. Having already referred to the great increase in all the excretory and secretory functions of the skin, the inference is immediate that there should be a daily tepid bath of soap and water, and, if agreeable, a rinsing with cool water, to lessen sensibility to cold, followed by thorough rubbing, in order to remove all cast off epidermis, and excrementitions matter of the preceding twenty-four hours. An occasional salt bath is refreshing and invigorating. In normal conditions, the hot or cold bath are unwise. Of course, in nephritis, very hot baths may be necessary to cause the skin to perspire sufficiently to eliminate the urea, which the kidneys fail to do.

The daily sitz bath, especially the last five months, is invaluable. It relieves portal congestion, inflammation, and pruritus, restores nervous equilibrium, and gives the greatest sense of well-being and comfort. There are tin sitz tubs in the stores, or one may be improvised from an ordinary tub. The bath should last about fifteen minutes, beginning with a temperature of ninety degrees, gradually reducing it to seventy. A wet cloth should be bound about the forehead. About eleven A. M. is a good hour for taking it. It may well be preceded by systematic physical exercises, which not only strengthen the muscles for their supreme test, but promote the circulation, so important a factor in the well-being of the skin, as of the other bodily organs. The sitz bath should be followed by rest of, at least, half an hour.

The nipples should be protected from pressure

and irritation and carefully bathed. The last six weeks of gestation they should be bathed once a day with glycerine, alcohol, and rose water, or tincture of arnica or cologne water. Tannin should be avoided, as it makes the nipple leathery.

The abdomen should be well rubbed with oil daily during the latter months. The oil may soften the horny cells and thus render the skin more easily extensible. Whatever the explanation, it promotes the comfort of the patient.

The diet is another important factor in the hygiene of the skin. If the diet be too stimulating, the nerves cannot properly control the secretions and excretions. Meat should be eaten not more than once a day, or the kidneys will be overworked and the blood supply vitiated. Plenty of fruit, the juice of a lemon in water every morning, a cup of bran water, etc., are excellent to overcome the tendency to constipation, which is so often an etiological factor in skin diseases. Then water should be used as freely inside as outside, only be sure it is pure.

"But all this takes so much time," some one may protest. Yes, but so does a protracted illness, and a weakly, fretful baby. A few less tucks and trimmings on the little wardrobe, which are only an additional burden to the helpless baby, would give ofttimes some extra hours, that might more profitably be spent in caring for the welfare of herself and expected child. Some day we shall learn that for the good of the state, as much rest and care should be given the expectant mothers of the race as is now given to blooded horses.

Hyperidrosis, or excessive sweating, both general and local, is sometimes present. It may be due to general debility or some grave systemic disturbance. But, undoubtedly, it could ultimately be traced to some disturbance of the nervous system, either central or peripheral. In one case I saw, any unusual excitement would cause the palms to overflow with water.

General pruritus is not a common disease of pregnancy, as is the local form, but is most distressing, and having once occurred, is likely to recur in successive pregnancies. It is a sensory neurosis without any structural change, and is characterized by an intense itching, which is usually paroxysmal. If very persistent, the patient may become very much enfeebled from loss of sleep and the disturbance of the nervous system. The excoriations from scratching may sometimes result in eczema. In the local pruritus, the cause is generally easier to find, as there is usually acrid vaginal secretions, hæmorrhoids, phthiriasis, etc., and should be treated accordingly. Here the sitz bath is of great value. Alkaline baths, one to four ounces of either sodium or potassium carbonate to the bath are useful, the duration being half an hour or more. Alkaline lotions may be used, or in some cases an acid lotion, one part vinegar to five of water. In other cases, a dry dusting powder, as Unna's pulvis cuticolor, talcum powder, etc., may be useful. Sulphur is the most frequently indicated remedy, though numerous others may be used in certain cases.

Chronic eczema and psoriasis both are often cleared up during pregnancy. When eczema occurs at that time, it is usually a reflex neurosis. Hebra had cases in which eczema of the hand was always present and was the earliest sign of pregnancy. Seborrhœa, or increased secretion of the sebaceous glands, is quite common and develops what Unna calls seborrhœic eczema, or as others name it, seborrhœic dermititis. Frequent cleansing with ethereal soap to remove the oil is necessary, to be followed by the application of some ointment, as that of icthyol and resorcin.

Angioneurotic œdema is another reflex neurosis sometimes seen. The œdema comes on suddenly, often without even the feeling of malaise, more frequently about the eyes or genitals, but sometimes in the extremities or other parts. There may or may not be redness, itching and heat of the affected part, but the swelling is circumscribed and does not pit deeply, as in ordinary œdema. The swelling may disappear suddenly or gradually and is liable to return. In one case I observed the swelling was in both hands, but in one recurrent attack the eyelids were slightly swollen. It recurred for three years or more, whenever the nervous system became depressed, or after great fatigue. It is not fatal unless the glottis becomes involved. Some think it due to increased lymph pressure, as certain foods, egg albumin, sugars, mussels, etc., having this effect, may cause it. The remedies most likely to be useful are Apis, Agaricus, Rhus toxicodendron, and Urtica urens.

This paper would be incomplete without reference to some skin diseases, rare in Europe, but still more so in this country.

Impetigo herpetiformis at first was thought to be a disease peculiar to pregnancy, but a few cases in men and non-pregnant women have been seen. It is characterized by numerous groups of miliary pustules, tending to spread and coalesce and accompanied by grave septic symptoms and is nearly always fatal.

Another disease less rare and less fatal is herpes gestations or dermatitis herpetiformis. In this disease the eruption is mixed, and consists of papules, vesicles, bullæ, and pustules, arranged in groups, with surrounding erythema, accompanied by intense itching and burning, sometimes preceded by malaise, chills, fever, nervous symptoms, which may persist during the eruption. There is usually considerable pigmentation. It begins early in pregnancy, continues with periods of remission to the end of gestation, then disappears, but usually returns with succeeding pregnancies.

The treatment suggested is to change from an animal to a vegetable diet, with no tea, coffee, or stimulants. The nervous system should be toned up. Alkaline or saline or bran baths, and in severe cases the continuous bath, may be used. For applications, Icthyol, two to ten per cent., or Resorcin, one to five per cent., Sulphur ointment, cold cream, or the bland dusting powders. Internal remedies are Antimonium tartarium, Carbolic acid, Lachesis, Natrum muriaticum, Rhus toxicodendron, etc.

In concluding our study of these various skin disorders of pregnancy, we feel that the ounce of

prevention is certainly much more valuable than the pound of cure, and that it is our duty, as physicians, to inform our patients more carefully concerning the hygiene of pregnancy.

Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Opening Session.

The sixty-fourth annual session of the American Institute of Homœopathy opened at the Casino, Kansas City, Mo., President R. S. Copeland, of Ann Arbor, Mich., in the chair. The invocation was made by Rev. J. Stewart Smith, of Kansas City, Mo. The president presented his business address, embodying the following: The local committee were thanked for the completeness of arrangements, which are as complete as at any previous meeting. The place of meeting, the president urged that this be left to the Executive Committee. Recommended the appointment of a committee of five to serve as a ways and means committee, and that the same be appointed at this meeting. Recommended that the in-coming president appoint the committees and chairmen of his administration, and waived his prerogative for the appointments of this year. Complimented the various officers and committees, especially the work of the Council of Medical Education, advocated the combining of the work of this body with that of a field secretary.

Report of Executive Committee.

Related to changing place of meeting and the work of the various sessions of the committee, the appointing of men to fill vacancies caused by resignation and matters of general interest debated.

The President of National Eclectic Association.

Dr. L. A. Perce addressed the meeting in a few complimentary remarks, in which the common grounds of the two schools, such as legislation, education, etc., were spoken of.

Treasurer's Report.

The treasurer reported the tying up of some $1,500 by the suspension of the Knickerbocker Trust Co., and a deficit in the finances of something over $100. Report referred to Auditing Committee, composed of Drs. Hedges, Weaver and Hensley.

The order of business was then adopted.

Report of Committee on Local Arrangements

Reported through the chairman, Dr. W. J. Gates, the completed arrangements to the present time.

The Committee on Publication

Reported the issuance of the volume of the Transactions through its chairman, Dr. Frank Kraft. The delay in the appearance was due to the illustrations and tardy correction of papers and discussions by the members and other minor causes.

Report of Transportation Committee.

The chairman, Dr. W. O. Forbes, reported his inability to do anything with the railroads better than the regular two cent per mile rate.

Appointment of a Ways and Means Committee.

Pursuant to the recommendation of the president, Dr. J. Richey Horner moved the appointment of five, by the president, to serve on this committee. This was carried, and President Copeland appointed the following:

Dr. A. B. Norton, New York, Chairman;
Dr. J. Richey Horner, Cleveland;
Dr. T. F. Smith, New York;
Dr. J. P. Cobb, Chicago;
Dr. W. B. Hinsdale, Ann Arbor.

The meeting adjourned.

Regular Opening Exercises.

The regular opening exercises were held at the Willis Wood Theatre at 8:30 o'clock on Monday evening, June 22. The auditorium was filled with the best of Kansas City's citizens, and the program caried out completely, which was as follows: An invocation, followed by an address of welcome by the Mayor, T. T. Crittenten, eulogistic of the greatness of his city, but withal an open-hearted western welcome. Then came a further welcoming address by Dr. W. J. Gates, of the local profession, and response by Second Vice-President Horner. Then a presentation of a gavel composed of pieces of wood recovered from the pioneers of Homœopathy in Europe and America, as a memorial of the Institute meeting in Kansas City and 1908. The president's address then followed. It was eloquently delivered and enthusiastically received. (The present issue of the Medical Century contains the same.)

First Vice-President Reily appointed as committee on president's address Dr. J. Richey Horner, of Cleveland; Dr. E. H. Pratt, of Chicago, and Dr. W. J. Harris, of St. Louis. The exercises of the evening were accompanied by musical selections of unusual merit.

Later in the session the following was presented:

Report of the Committee on President's Address.

To the Members of the American Institute of Homœopathy:—

There has probably been no year in the history of the Institute when the president has been more active in the promulgation of the therapeutic law, Similia Similibus Curentur. His work has carried him from coast to coast, from the great lakes to the gulf of Mexico. Everywhere he has been most stalwart in his many addresses. The Institute owes to him an expression of its appreciation of his successful work and an assurance of its belief in the great good he has accomplished.

As the necessity arose since our last meeting for the Executive Committee to exercise its authority to change the place of meeting, it seems that it will be a wise plan to adopt the suggestion of the president that hereafter the duty of selecting a place of meeting shall be delegated primarily to the Executive Committee We therefore make that recommendation.

Another important suggestion is made concerning the creation of a Committee on Ways and Means to the end that the assumption of all unusual financial obligations may come under their direct supervision. We endorse this recommendation.

We endorse the recommendation of your presi-

dent providing for a specific plan of appointing chairmen of bureaus and committees, there being no such provision except that contained in Article III., Section 1, of the By-Laws, which provides: "The president shall preside at the meetings of the Institute and perform the duties usually pertaining to his office, together with such other duties that may by vote of the Institute devolve upon him." We therefore recommend that the Committee on Resolutions and Business formulate and present an amendment to the By-Laws providing that the president-elect shall within thirty days of his election appoint chairmen of bureaus and committees provided for in the By-Laws, which chairmen shall serve during his term of office.

In the matter of the promulgation and defence of the doctrines and rights of homœopathic practitioners we heartily commend the stand taken by the president, and would ask for a special consideration on the part of the members of the Institute of the report to be presented by the committee having that matter in charge.

Your Committee fully endorses the position taken by your president on the importance of the work to be accomplished by the Council on Medical Education, and to this report also we ask your most careful attention.

We endorse the position taken by your president that the office of the physician is not only to prevent and diagnose disease but, as Samuel Hahnemann has said, to cure the patient in the quickest, safest and most pleasant manner. Your Committee wishes, with your president, to deprecate in no uncertain tones the manifest tendency of the old school to belittle the administration of drugs as therapeutic measures. The physician should not be a therapeutic nihilist, hence, therapeutic knowledge should ever remain an essential requirement. By no means should an examination in therapeutics be eliminated from the requirements of college curricula and State board examinations.

We endorse the position taken by your president that the battle for the homœopathic law of cure must be waged until its efficiency and adequacy for the relief of the sick and suffering is universally recognized. We consider it unwise for any physician to refuse to consider the only system of therapeutics which has withstood successfully the bedside test of more than one hundred years, particularly when he acknowledges that he has nothing to offer in its stead. Truth is mighty and will prevail; Homœopathy is a truth.

Signed by the Committee,
E. H. Pratt, M. D.,
W. John Harris, M. D.
By the Chairman,
J. Richey Horner, M. D.

Second Day's Business Session.

Reports of various committees were called for and partial reports made. No final action or formal work occurred.

The amendments to the By-Laws relating to the proper naming of the various societies were adopted. Also that changing time of election of officers was made to correspond with the standing resolutions.

Dr. B. F. Bailey moved that all matter given to the press come though the press committee, and Dr. Hills Cole was appointed to look after the matter for this session.

Nomination of Officers.

President, Dr. J. Richey Horner, Cleveland, O.; Dr. H. F. Biggar, Cleveland, O.; Dr. W. D. Foster, Kansas City, Mo.

First Vice-President, Dr. T. H. Carmichael, Philadelphia, Pa.

Second Vice-President, Dr. J. Hensley, Oklahoma City, Okla.

Treasurer, Dr. Thos. Franklin Smith, New York.

Secretary, Dr. Frank Kraft, Cleveland, O.

Registrar, Dr. J. H. Ball, Bay City, Mich.

Session adjourned.

Third Day's Business Session.

The usual routine as to report of Board of Censors and elections of members was followed.

The Local Committee also reported.

The Committee on President's Address reported.

Report of Committee on Promulgation of Homœopathy. This report advocated a journal and the employment of a field secretary.

Report of Committee on Institute Journal was made. This was endorsed by the Ways and Means Committee. Dr. C. E. Fisher spoke vigorously against the journal. Dr. B. F. Bailey spoke in favor of the same. The By-Laws were suspended and the resolutions presented were carried.

The Committee on Resolutions reported an amendment of the By-Laws providing for place of meeting, leaving same in hands of in-coming Executive Committee.

The Committee on Incorporation of the Institute reported through Dr. B. F. Bailey that the consummation of the same under the laws of the District of Columbia only needed the signing of same by members residing in the District, and resolutions presented enabling Drs. W. R. King, J. B. Gregg Custis and L. B. Swormsted, of Washington, to act for the Institute.

Report of Journal Committee.

The Journal Committee reported through Chairman Royal:

Your Committee on Institute Journal is happy to report that it believes that the "psychological moment" for publishing an official journal has arrived. The papers for the incorporation of our body are ready for the official signatures. The pros and cons as to the benefits to be derived from the publication of such a journal have been thoroughly discussed and the report of the Committee for the Promulgation of Homœopathic Doctrine has been presented to you. Therefore, we, the Committees, for the Promulgation of Homœopathic Doctrine and an Institute Journal, present the following recommendations:

First, That a committee of five be appointed with power to secure the immediate incorporation of The American Institute of Homœopathy.

Second, To make in the name of the Institute a contract for not more than five years with some reliable publishing house to publish a weekly journal of not less than forty-eight pages, to be known as

the Journal of the American Institute of Homœopathy.

Third, To contract, to obligate the Institute to no financial responsibility beyond the amount of $2.50 per annum for each member in good standing of the Institute, each such member to receive a copy each week of the journal without additional expense.

Fourth, To elect an editor for a term of not more than five years, who shall be satisfactory to, and whose salary shall be paid by the publishers with whom a contract is made.

These were embodied in resolutions which were favorably reported upon by the Committee on Resolutions.

Report of Institute of Drug Proving.

The Trustees respectfully submit the following report:

They have suffered great loss during the year from the illness and untimely death of their former secretary and treasurer, Dr. Charles Mohr, which caused the delay in the distribution of blanks and the general conduct of the work.

They have also suffered from the unsettled condition of affairs in the country, and the fact that special work blocked out could not be commenced because of our inability to secure the services of the government until after it had finished its experiments with the drug selected for our special work.

We have on hand in cash in the general fund $438.79; cash in special fund for proving one remedy, $500; securities not yet transferred, to the amount of about $3,000.

The Trustees have authorized the proving of Strychnia phosphorica, which has not yet been completed.

I congratulate the Materia Medica Departments of the University of Michigan and the University of Iowa upon their specially good work during the year.

The delay of the year is to be regretted in some respects, but the importance of the work involved is so great that the extra time spent will not be lost, and the methods finally adopted bring about better results than we would have obtained had we taken up the subject too rapidly.

Respectfully submitted,
J. B. Gregg Custis,
Chairman.

Election of Officers.

The election of officers resulted as follows:

President, Dr. Wm. Davis Foster, Kansas City, Mo.

First Vice-President, Dr. T. H. Carmichael, Philadelphia.

Second Vice-President, Dr. J. Hensley, Oklahoma City, Okla.

Secretary, Dr. Frank Kraft, Cleveland, O.

Treasurer, Dr. Thos. T. Smith, New York,

Registrar, Dr. J. H. Ball, Bay City, Mich.

Necrologist, Dr. Geo. Shower, Baltimore, Md.

Third Day's Business Session.

Dr. W. B. Hinsdale, Chairman of the Committee on Tuberculosis Congress, reported. The Board of Censors recommended the election of Dr. Julio F. Convers, of Bogota, Columbia, to a corresponding membership. The reports of various committees followed. Telegrams of condolence were ordered sent to Drs. T. Griswold Comstock, of St. Louis, and A. C. Cowperthwaite, of Chicago, for their illness and enforced absence from the meeting, and to Dr. D. H. Beckwith, of Cleveland, upon the death of his wife.

Report of Intercollegiate Committee.

Your Committee report that most of the duties of this committee have been performed by the Council on Medical Education. We have collated the statistics as to the attendance of students, which show 244 graduates against 237 for 1907. There has been a decrease in the number in the freshman class, but just how many we cannot say, as our colleges have failed to report.

Respectfully submitted,
Chas. E. Walton,
Chairman.

Report of the Council on Medical Education.

Dr. George Royal, Chairman, gave a verbal resume of the work done, summing up as follows:

What the Council of Medical Education of the American Institute of Homœopathy Has Accomplished.

1. It has effectually checked the Council of the American Medical Association in its self-imposed work of arbitrarily inspecting our homœopathic colleges, and attempting to throw them our of existence without chance of regeneration, by reporting them to examining boards as in bad standing before that Association.

2. It has secured the co-operation of various State medical examining boards in getting equal consideration and recognition of the claims of the American Institute of Homœopathy, the National Eclectic Association and other legally recognized schools of medicine, with those of the American Medical Association.

3. It has received official recognition from the State Medical Examining Boards of Ohio, Michigan, Indiana, New York, Kentucky, Idaho, Texas and other States, and has been invited to send representatives to inspect with them and to report to them, which invitations have been accepted as far as within the powers of the Council so to do.

4. The Council has started an organization in combination with the Eclectic Council looking to a closer watchfulness over our educational and legislative interests.

5. The Council, in certain instances where it has received the active and energetic support of the profession in the State, has aided materially in preventing undesirable men and those non-representative of Homœopathy from being appointed to places on State Examining Boards.

6. It has recommended that the equipment and workings of some of our medical schools be improved and modernized, and has urged upon them certain reforms, which have been carried out in several instances.

7. It has interested active men in every State of the Union in its work, and collected a mass of valuable information and statistics for future use.

8. It has urged upon our educational institutions to induce the members of their faculties to join the American Institute of Homœopathy, and has taken up as a side issue the securing of applications for membership, and has presented to the Committee on New Members seventy-six applications, aggregating $438.

What the Council of Medical Education Desires.

1. That it be authorized to extend its work so as to comprise the education of the laity in Homœopathy, especially in so far as the informing of young men and women of the fields and opportunities the practice of homœopathic medicine offers.

2. That power be given the Council to issue and distribute such literature as it may see fit to graduates or upper classmen of our literary colleges, and to such others as it may be desirable to reach, to the end of increasing our college classes.

3. That authority be given the Council to employ such means as it may be able to command to get into closer touch with the practitioners of Homœopathy and induce them to secure students.

4. That sufficient funds be raised by the Institute, the colleges, individually, or both, to enable the Council to do this necessary work.

Dr. B. F. Bailey offered the following resolution:

Resolved, That the Council on Medical Education of the American Institute of Homœopathy be authorized to expend a sum not to exceed $1,000 to defray its expenses in inspecting colleges, disseminating information for the purpose of securing students for our homœopathic colleges and for other necessary duties appertaining to the work of said Council.

This was referred to the Committee of Ways and Means. This committee, through Chairman Dr. A. B. Norton, reported favorably thereon, and it was unanimously adopted by the Institute by a rising vote.

Selection of Journal Committee.

The following were selected to serve as the Journal Committee:

Dr. George Royal, Des Moines, Ia., Chairman;
Dr. J. P. Cobb, Chicago, Ill.;
Dr. B. F. Bailey, Lincoln, Neb.;
Dr. C. E. Sawyer, Marion, O.;
Dr. R. S. Copeland, Ann Arbor, Mich.

Election of Honorary President.

The Senate of Seniors recommended the election of Dr. H. F. Biggar, of Cleveland, as Honorary President of the Institute. Dr. Biggar was elected and made a most appropriate speech in accepting the honor.

Fund for Homœopathic Propagandism.

Dr. H. F. Biggar started a movement to solicit funds for the propagandistic work by subscribing $100. This was soon followed by the President-elect, Dr. W. Davis Foster, pledging $100, and under the skillful and graceful management of Dr. Biggar, $5,250 were raised to be expended in the work of the Council on Medical Education.

Report of the Committee on Resolutions.

The Committee on Resolutions reported, through Chairman Dr. J. P. Cobb, as follows:

We recommend that Article III., Section 5, of the By-Laws be amended by the addition of the following words: "He shall be reimbursed from the treasury for his expenses in attendance upon the meetings of the Institute."

We recommend that Article III., Section 6, shall be amended by the addition of the words: "An allowance of $5.00 per day shall be appropriated to the Registrar for clerk hire during the session of the Institute."

We recommend that Article VI., Section 3, of the By-Laws be amended by inserting after the word "bureau" the words, "shall be appointed by the President-elect," and also same article and same section insert the following, the word "after" the word "his."

We recommend that Article VII., Section 4, be amended by the insertion after the word "President" the word "elect."

We recommend the addition to Article IV. of a new section to be called Section 2, and to read as follows: "The President, Secretary and Treasurer shall be members ex-officio of the Board of Censors, and the entire board shall continue in service during the year. They shall be empowered to receive applications for membership at any time, and after publishing the same in each issue of the Journal of the American Institute of Homœopathy for one month shall be empowered to elect by unanimous vote of the board such applications to membership in the Institute with all the privileges pertaining thereto from the date of such election."

The president's address was commended, also the resolutions looking to the appointment of a joint committee of the Institute and American Medical Association to prove drugs, and those presented concerning the recognition of the Pharmacopœia as a standard for homœopathic drugs in the Pure Food Bill.

Concerning the resolution as to place of meeting as follows:

"Resolved, That the Executive Committee be instructed to select one place of meeting west of the Mississippi river for not more than two places east of the Mississippi river, and signed by Drs. W. O. Forbes and A. H. Baldwin." Your Committee recommends for your consideration the following suggestion, namely, "That the Executive Committee in deciding upon places of meeting for the Institute shall, when deemed practicable, select as such place of meeting for each third year some place of meeting west of a meridian dividing Lake Michigan."

Fifth Day's Business Session.

The Resolutions Committee read its final report. Votes of thanks to President Copeland, Dr. W. J. Gates and his associates on the local committees, the Coates House, the press, the various entertainments thrown open to us, the Bell Telephone Co., etc., were unanimously adopted by a rising vote. Dr. Bailey moved that the Executive be empowered to publish the transactions in book form should the journal committee be unable to make suitable arrangements in season; $500 was appropriated to defray the expenses of this committee.

The Interstate Committee reported.

Final Report of Committee on Resolutions.

We recommend the adoption of the following amendments to the By-Laws:

Article IV., Censors. Strike out present Section 1 and substitute the following:

Section 1. The Board of Censors shall consist of the President, Secretary and Treasurer, ex-officio, and five members; one member of said board shall be elected by ballot at each annual session to serve five years from the date of his election, and the entire board shall continue in service during the year.

Section 2. They shall be empowered to receive applications for membership at any time, and, after publishing the same in each issue of the Journal of the American Institute of Homœopathy for one month, shall be empowered to elect by unanimous vote of said board such applications to membership in the Institute with all the privileges pertaining thereto from the date of such election.

Tuberculosis Congress.

The recommendation of the Committee on Tuberculosis Congress "that a committee of ———, of which the present President of the American Institute of Homœopathy shall be the chairman, be appointed to stand as our official delegates to the Congress," is endorsed by your Committee on Resolutions.

Amendment in re. Institute Journal.

Notice is hereby given that amendments to Articles II., III., IV., V., VI., VII. and IX., of the By-Laws necessary to make effective and permanent publication of an Institute Journal will be presented in detail at the next meeting of the Institute.

National Board of Health.

We recommend the adoption of the following:

Whereas, Steps are under way looking to the formation of a National Board of Health; therefore, be it

Resolved, That it is the sense of this Institute that this matter is of such vital importance that it be recommended that the Committee on Legislation be instructed to safeguard the interests of this Institute in the formation of said National Board of Health.

The Council on Medical Education.

Whereas, The loyalty of our profession has been demonstrated by the voluntary contribution of more than $6,000.00; and,

Whereas, The President has urged the present as the time for the inauguration of active field work for Homœopathy; be it

Resolved, That the Council on Medical Education be also constituted the board for the promulgation of Homœopathy; and be it

Resolved, That the money contributed yesterday be colleced by the treasurer, and a sum not to exceed $5,000.00 to placed at the disposal of the Council and Board for the establishment of a central office, the employment of a field secretary and such other expenses as naturally arise in connection with the work of medical college inspection, the education of the laity and the promulgation of Homœopathy.

These resolutions were unanimously adopted by a rising vote.

Incorporation of the Institute.

Moved that the following named members of the American Institute of Homœopathy be elected as Trustees for the first year of the American Institute of Homœopathy when incorporated:

Benjamin F. Bailey, of Ohio.
Joseph P. Cobb, of Illinois.
Royal S. Copeland, of New York.
William Davis Foster, of Missouri.
George Royal, of Iowa.
Charles E. Sawyer, of Ohio.

The motion was unanimously carried.

Report of Interstate Committee.

The Members of the Interstate Committee:

Gentlemen:—It is with great regret that I find it impossible to preside at the meeting of the Committee this year. Nothing but absolute professional necessity could keep me away from the Institute meeting.

The year has not been an eventful one The national legislative bodies have been so absorbed in general politics that they have given the medical profession somewhat of a rest. State legislatures for the most have done the same, yet the signs of the times are not especially promising, and I would plead for a closer union among the delegates who form the Interstate Committee, as it is the only delegated body that the school has. Its importance and possibilities will grow as the school grows.

The Institute has generally paid more attention to its scientific departments than to that of the general policy that should be followed by the organization. This can only be carried out because of the peculiar organization by a committee composed of specially appointed delegates. The Interstate Committee can fill all the possibilities, and the importance of its work will increase as the organization increases in numbers and the necessity of united effort to preserve the integrity of the school of Homœopathy becomes more appreciated.

Several matters of importance should be considered by the Interstate Committee, and I would call your attention especially to the report made by the Committee on the Homœopathic Pharmacopœia, and urge the adoption of the resolutions which that committee proposes to present, which resolutions will insist on the recognition of the Pharmacopœia of the American Institute in the pure food laws of the country; and the Institute should certainly insist that the pharmacists of the country should not in any way interfere with any legislation proposed by the American Institute. They are certainly dependent on the physicians for a large part of their business, and it is only because of great magnanimity on the part of the medical profession that they are patronized in spite of their disregard of the local laws, advertising of specific combination tablets and prescribing for the ailments of customers. If the commercial spirit which is doing so much damage to the profession should extend the manufacture of their own remedies by specially authorized pharmacists the others would certainly have to give up their business, but the main reason for the adoption

of the resolutions referred to and for the efforts we should use to see that the purposes are carried out is that it is absolutely necessary that we have a fixed standard of strength for drugs to be used in reproving our remedies in order that all provings made will stand the Government test when the Government acknowledges the work done by our Institute of Drug Proving. All remedies used in their provings must be in accordance with the labels, and, as the Institute of Drug Proving expects to have all drugs used in test provings standardized by the Government itself, remedies used upon indications resulting from the new provings with the expectations of favorable results under the law of Similia should be of the standard used in the provings.

Enactment of the proposed law will not interfere in any way with the manufacture of drugs under other standards, provided the fact is made plain on the label, but remedies used in provings from this date on, if they are to be recognized or be under the auspices of our organization, must be made of remedies prepared in accordance with the Pharmacopœia, which has been adopted upon the recommendation of its Committee.

The Government is using great care in standardizing all preparations used for scientific purposes, and the demands of science are such that we must fall in line if we would elevate the position of our school. The prospects are that the bills introduced by Senator Gallinger, of New Hampshire, and Mr. Dalzell, of Pennsylvania, will be passed at the next session, but to insure this the Committee of the Homœopathic Pharmacopœia asks the co-operation of the Interstate Committee, and has asked that personal influence should be brought to bear upon the Committee on Interstate Commerce and Labor, of which Hon. W. P. Hepburn, of Iowa, is chairman, and James R. Mann, of Illinois, their member in charge of our bill. Your efforts should be turned toward correcting any misapprehension under which the last named gentleman may be laboring.

I would also call your attention to the necessity for the adoption of the amendment to the existing laws that will require a fixed standard of education before admission to medical colleges is granted, and that any laws under supervision and subject to amendment, should add to any changes one that would extend the practice of medicine wherever it occurs in the law to include the treatment of human ailments, by any means whatsoever. I enclose a copy of the bill recently introduced in Congress with the approval of the American Medical Association, and ask for its approval by this Committee of the Institute. The purpose of the amendment is to control unqualified practitioners who now are exempt from the requirements of the law because of their claim not to administer drugs. This form of law seems to appeal to most legislatures because it shows no invidious distinctions. It needs no argument to prove the necessity of this to physicians, all of whom are conscious that the administration of drugs is not the whole of the practice of medicine.

I would also recommend that all members of the Committee make a special effort to become acquainted with the chairmen of the committees having charge of medical legislation, and also of the lawmakers who show any prejudice against the examining boards as at present constituted, or who would open the doors of the profession to any who do not meet the requirements of the Institute and its Intercollegiate Committee, and where necessary they should use their influence to defeat the election of any such men regardless of party affiliation. We have notable example of what can be done by physicians in the present constitution of the Ohio Legislature. The profession under the advice of the American Medical Association has elected a number of physicians as members of that body, using as an argument that their sacrifice of time and professional demands was justified in order to overcome the bad influence of certain politicians who are controlled by the organizations which have sprung into existence within the last few years, and which are a menace to public health and a danger to our educational institutions, sure to lower the professional standards and appeal purely to those who are prompted by commercial motives. The physicians of Ohio are justified in their antagonism to the man who rattles around in a seat in the United States Senate, and it may be that his unpopularity throughout the country and at the recent convention held in Chicago is due to the fact of his sending a telegram from Washington announcing that all physicians were bigots, and that he has not hesitated to stand sponsor for any sect or cult that would gain the right or privileges of the profession without meeting the requirements demanded by our college and State boards. It is predicted that the candidate of the American Medical Association will succeed him in the Senate. We will be perfectly safe in giving any possible assistance to bring about that result.

As another recommendation, I advise that you endorse by resolution Senator Burkett's amendment to the bill regulating the next census, the purpose of such an amendment being to take the census of the ruptured, crippled and deformed under eighteen years of age. This is especially desirable, as but few institutions are provided for their treatment, and the development of the medical practice is such that much relief can be given to those so afflicted. Senator Long, of Kansas, is chairman of the committee, and S. D. North is director of the census, both of whom should be fully instructed as to the desirability of this amendment.

I further recommend that the Committee urge on all members of examining boards to use every effort to establish reciprocity between the different boards on the basis of date or diploma and good standing without regard to the fact of actually having passed an examination or not. We recommend this because we find that the examining boards between whom reciprocity does exist keep the best records of the real standing of physicians, and that a physician's private record may be obtained, independent of the official blanks, better than by any other method that has been tried.

It would be wise for the Committee to give a conservative opinion in regard to the establishment of a department of health until it takes a more definite form than the simple notice of the political platform. When it does take concrete form it must be accepted

and given careful consideration by our school as well as the profession at large. We are already subjected to too much regulation at the hands of boards of health, the heads of which are continually trying to magnify their office by the multiplication of regulations and the increased demands upon the practitioner, who, because of the reports demanded, is frequently embarrassed and made to question whether his obligation is greater to the patient, the community or to the health office.

Some recognition should be given to the Tuberculosis Congress which is to meet in Washington early in the fall. An effort should be made to limit the expenditure of money by different States for the prevention of this disease, as the demands by the different health officers and sanatarium owners have been so great that little is left in the State Treasury for the study of diseases more amenable to sanitary regulations, such as typhoid fever, pneumonia, cerebral meningitis, etc. We must not have our feelings excited by the unproven statements of those in charge of this movement, which, worthy as it may be, does not yield the practical results claimed, not justify the neglect of other equally, if not more, important conditions.

I hope that the Committee largely made up of new men will have meetings as harmonious as those which have always been enjoyed since its organization, and that the enthusiasm reasonably expected in Kansas City will be felt throughout the school.

Respectfully submitted,
J. B. Gregg Custis, M. D.,
Chairman Interstate Committee.

Chairmen of Committee and Bureaux for 1909.

Materia Medica, Dr. Lewis P. Crutcher, Kansas City, Mo.

Homœopathy, Dr. R. F. Rabe, New York, N. Y.

Clinical Medicine, Dr. E. Harper, New Orleans, La.

Pædology, Dr. A. W. Spencer, Genesseo, Ill.

Sanitary Science, Dr. H. F. Staples, Cleveland, O.

Transportation, Dr. A. H. Baldwin, Kansas City, Mo.

Organization, Registration, etc., Dr. T. F. Smith, New York, N. Y.

Publications, Dr. Frank Kraft, Cleveland, O.

Press, Dr. W. R. King, Washington, D. C.

Resolutions, Dr. J. P. Cobb, Chicago, Ill.

Memorial, Dr. H. W. Westover, St. Joseph, Mo.

International Bureau of Homœopathy, Dr. G. B. Peck, Providence, R. I.

Pharmacopœia, Dr. T. H. Carmichael, Philadelphia, Pa.

Monument, Dr. J. H. McClelland, Pittsburg, Pa.

New Members, Dr. W. A. Paul, Boston, Mass.

Clinical Research, Dr. James Krause, Boston, Mass.

Tuberculosis Congress, Dr. W. B. Hinsdale, Ann Arbor, Mich.

Interstate Committee, Dr. J. B. Gregg Custis, Washington, D. C.

Intercollegiate Committee, Dr. C. E. Walton, Cincinnati, O.

Journal and Incorporation Committee, Dr. Geo. Royal, Des Moines, Ia.

Member of Council on Education, Dr. W. J. Gates, Kansas City, Mo.

Conference With A. M. A. Committee, Dr. H. D. Schenck, Brooklyn, N. Y.

Place of Meeting.

Several places were placed in nomination before the Executive Committee. Detroit was finally chosen, and the choice we regard as a wise one. California made a strong fight for Los Angeles. It is our opinion that the complete ignoring of the Pacific Coast by President Foster in his appointments may somewhat dampen the ardor of that loyal section for 1910.

Censors Report and Report of Committee on New Members.

The Board of Censors held frequent meetings. The total number of new members admitted was 220, of which, as the report of the Committee on New Members shows, one-third was furnished by the Council on Medical Education.

The Attendance.

The total registered attendance of members was 272; visitors, 300.

Surgical and Gynæcological Society.

The officers elected were the following:

President, Dr. E. H. Pratt, Chicago, Ill.

First Vice-President, Dr. N. W. Emerson, Boston, Mass.

Second Vice-President, Dr. H. D. Bishop, Cleveland, O.

Secretary, Dr. J. W. Hassler, New York, N. Y.

Treasurer, Dr. E. R. Gregg, Pittsburg, Pa.

The Obstetrical Society.

President, Dr. Frank Newton, Boston, Mass.

Vice-President, Dr. F. J. Becker, Iowa City.

Secretary, Dr. G. Fitzpatrick, Chicago.

The Scientific Sessions.

All were well attended, the papers were of high grade, and more than usual interest manifested.

Final Business Session.

Several minor matters were brought up and disposed of. Dr. A. M. Dufheld, of Citronelle, Ala., presented the Institute with a gavel made from the tree under which the last surrender of Confederate forces was made in the Civil War. This is an exceedingly hard gavel, and will be found useful in some of our sessions. The secretary read the appointments of President Foster to committees and bureaux. Adjourned.

The Unanimous Club Dinner.

This, as usual, was a great success, held at the Hotel Baltimore. Some twenty-five members, associate members and guests were present. Speeches were made, stories told and Kraft was present.

Other Entertainment.

It would be quite impossible to keep up the pace of our hospitable friends on the banks of the Missouri. Everything possible was done. The Meissen held their meetings. the New York Homœopathic College and Alumni met and discussed that institu-

tion, and presumably other meetings were held that we lost track of. It was a good meeting.

Copeland made a splendid presiding officer.

To Sum Up.

Biggar was misrepresented by the press, but he got $5,250 for the Council on Education and the Propagandistic Work.

The Council on Medical Education showed what could be accomplished by much work and little money.

The journal is now to be established and a publisher and editor secured. A Field Secretary is to be set to work. A central office is to be opened. The Institute is to be incorporated. The Council on Medical Education has the enlarged powers and the funds it asked for, and already has gone to work.

WAIT FOR DETROIT!

THE O. O. AND L. SOCIETY.

The American Homœopathic Ophthalmological, Otological and Largyngological Society held its 21st annual convention on June 23-26 at the Coates House, Kansas City, Mo.

The program consisted of twenty-eight papers, a symposium on Retinoscopy, and an informal smoker, during which failures were related and discussed but not reported.

Fifteen new members were elected.

The officers for the ensuing year are:

President, J. M. Patterson, Kansas City.

First Vice-President, E. H. Linnell, Norwich, Conn.

Second Vice-President, G. A. Shepard, New York City.

Secretary, W. L. Bywater, Iowa City, Ia.

Treasurer, G. DeWayne Hallett, New York City.

Among important business the society voted one hundred dollars to the American Institute Council of Education for the purpose of publicity and advertising of homœopathic doctrine.

J. B. S. K.

A HOMŒOPATHIC SOCIETY IN UTAH.

At a meeting held at the Wilson Hotel, in Salt Lake City, on the 14th of May, a start was made at the organization of the Utah State Homœopathic Medical Society. Dr. Dart, of Salt Lake, is temporary president, and Dr. Wherry, of the same city, is temporary secretary. A date in the early part of July has been set as the time at which the organization is to be perfected. Dr. Mills, of Ogden, is expected to represent the State at the Kansas City meeting of the American Institute. Already three applications are in sight for membership in the national organization.

The number of practitioners of similia are not very many out here in the inter-mountain regions, but there are some of the best opportunities anywhere in the world for new graduates, or any one who is seeking a location. This section of the country is growing very rapidly, climatic conditions are well nigh ideal and new-comers are welcome.

E. P. M.

The Library.

BOOK REVIEWS.

The Clinic Repertory.

By P. W. Shedd, M. D., New York. Including a Repertory of Time Modalities, by Dr. Ide, of Stettin, Germany. Translated from the Berliner Zeitschrift Homœopathischer Ærzte, Band xxv., Hefte 3 and 4. 240 pages. Cloth, $1.50. Postage, 8 cents. Philadelphia: Boericke & Tafel. 1908.

This is a most useful work, and the part devoted to the Modalities makes it so. It will prove a great aid to rapid and accurate office or clinic prescribing. The book is inscribed, "To Old School Men." We fancy that a repertory of homœopathic remedies is about the last thing in the world to impress an old-school man. There is a good deal of trash in all repertories, and it is this trash that subjects us to ridicule. We endeavor to practice as good Homœopathy as the next one, but we would hardly prescribe Caladium because the sweat of our patient attracted flies, yet, at the same time, did we have a Caladium patient in all other particulars, this one condition would help some. All repertories have to be used with a common sense that is not too fresh. If the present one is used in that way, one will not always prescribe Euphrasia for a drawn up scrotum, nor Guaiacum for hunger.

Bier's Hyperæmic Treatment

in Surgery, Medicine and all the Specialties: A Manual of Its Practical Application. By Willy Meyer, M. D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital; and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $3.00, net.

The practical uses of the hyperæmic procedures of Bier are set forth in this volume and the remarkable results obtained therefrom, as well. The chapters are devoted to the advantages of the hyperæmic method over other methods; the methods of inducing hyperæmia, the rules for its application and the treatment of special diseases by means of artificial hyperæmia, and its uses in surgery, medicine and the various specialties. It covers the entire field of its usefulness and is a valuable and handy volume, and one that should be possessed by the physician desiring to keep himself informed on advances in medicine. Then, too, after all, the homœopathic physician will see in it a kind of Homœopathy. It is fighting congestion with congestion, inflammation with an attenuated inflammation. That is all.

Knaves or Fools?

An Essay on the Place of Homœopathy in the Practice of Medicine. By C. E. Wheeler, M. D., B. S., B. Sc. London: John Hogg, 13 Paternoster Row, E. C.

A very readable little work, giving much information on the present trend of medical science. It should be read widely.

Nursing the Insane.

By Clara Barrus, M. D., Middletown State Homœopathic Hospital, Middletown, N. Y. The MacMillan Co., 1908. New York.

This is one of those practical books written from practical experience. We know of no one in our school, or in any school, that could present the subject of nursing the insane better than could Dr. Barrus. Connected with our largest homœopathic institution, with one of the largest training schools, and with practical experience in writing, we have presented to us a book complete in all its details. In fact, while only specially devoted to the insane, it covers largely the entire field of nursing, and no trained nurse or physician should be without it. To the physician in general practice it is especially valuable, answering the questions that arise at once in mental maladies, as to their care and control. In our own training school we have felt the need of a work of this kind, and we welcome it heartily. .

A Text-Book of Surgical Anatomy.

By William Francis Campbell, M. D., Professor of Anatomy at the Long Island College Hospital. Octavo of 675 pages, with 319 original illustrations. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, $5.00, net; half morocco, $6.50, net.

This is a fine work, well illustrated, and one that no physician can possess without the greatest benefit. In fact, a mere glance at the illustrations tells the story. We find it full of utilizable facts, and we urge our readers to examine it closely, for we feel sure it will appeal to all lovers of practical books.

International Clinics, Vol. I.

Eighteenth Series. J. B. Lippencott Co., Philadelphia, 1908.

This volume contains up-to-date articles in various fields of medicine and a review of the progress of medicine in 1907.

Diseases of the Nose, Throat and Ear---Medical and Surgical

By William Lincoln Ballenger, M. D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, of Chicago University of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Cloth, $5.50, net. Lea & Febiger, publishers, Philadelphia and New York, 1908.

The latest work on the above subject comes to our table including the whole range of these three subjects. It is a work of 900 pages, finely illustrated, and presents all the topics in the light of the most recent investigations. Operations are described in detail, and, aided by the illustrations, makes them easily comprehensible. We even find credit given to our friend, Dr. Burton Haseltine, of Chicago, for his plastic nasal operation. Of course, there is nothing doing on internal treatment, save some serums. Tables are given to show the value of antitoxin in diphtheria over cases not treated by antitoxin, which are of no value, as what the latter class was treated with is not stated. Certainly not homœopathic treatment was employed. We regard Prof. Ballenger's book as the latest and best on the subject.

Sex of Offspring.

A Modern Discovery of a Primeval Law. By Frank Kraft, M. D., Editor of the American Physician, Cleveland, Ohio. B. Barsuette, publisher, 1908.

The fact that Dr. Kraft's name appears on the title page is enough to give this book standing. It deals with what has always been regarded as a most complex subject, a problem which it has seemed impossible to solve. Many attempts have been made to work out this solution, but all have been based on the idea that a radical change must be made in the mode of life, and that change has not been without harmful results. Here we have a proposition which can be fulfilled without interfering in the slightest degree with the normal functions of the processes of nature.

It would be impossible to give within the limits of a review an adequate resume of the work. The theory is not exploited as a recently discovered one, but is simply an application of well known facts. It shows that nature recognizes the need for men when conditions of life require strength and endurance, and when there is plenty and less need for these nature also recognizes this. It is shown by the fact that in the former male children are born in greater numbers, while in the latter females are born. Statistics will show this to be a fact. In early days times of starvation and plenty depended on the tides. At flood tide the earth was covered, and means of living were scarce, while at ebb tide vegetation was uncovered and life became easy. During the flood tides male children were more numerous, while the contrary was the fact during ebb tide.

Dr. Kraft applies this to life in the present age. There are two periods each of ebb and flood tide, each lasting six hours. The theory is that conception occurring during flood tide will result in a male child, while conception occurring during ebb tide will result in a female child. The problem then resolves itself into determining the exact period of flood tide in the particular locality where the persons may be living if a male child is desired or the determination of the exact time of the ebb tide for that locality if a female child is desired.

Dr. Kraft is logical in his reasoning, and gives explicit instructions as to the method to be adopted in finding the exact times of the flow of the tides, showing how this may be applied to any given place. We prophesy for the book a large circulation, not alone among the professional men, but among intelligent laymen, for the text is from free technical terms and within the easy grasp of the man and woman of ordinary knowledge.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
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Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

JULY 1, 1908

Editorial.

GLORY HALLELUJAH!

The great thing accomplished at the meeting of the Institute at Jamestown last year was the creation of the Council of Medical Education. We all came home from that meeting with joy in our hearts because we felt that a real advance had been made toward the final establishment of Homœopathy as *the school* of medicine in this country.

But that work was simply a marker in the onward advance. What was done at Kansas City will go down in our history as epoch-making. From the opening on Monday morning until the close on Friday afternon, the week was one of unbounded enthusiasm, which put old General Apathy to rout, and paved the way for untold betterment of our position in the professional world. The new executive officers have an opportunity which has not been equalled in the history of Homœopathy. In the election of Dr. William Davis Foster, of Kansas City, to the presidency, the great Southwest has been given recognition, and we bespeak for him the undivided support of every member of the Institute in the great work he has to accomplish.

The event of the opening day was the address of fraternal greeting from the President of the National Association of Eclectics. It breathed good feeling and warm interest and promised co-operation in furthering the interests of both schools of medicine.

Another act not on the program, but arising from the suggestions of President Copeland, was the appointment of a Committee on Ways and Means, to which was referred every motion put before the Institute which involved an unusual expenditure of money. This was conceded to be a necessity for the reason that in recent metings money had been voted in the enthusiasm of the moment which afterwards was felt to be an unwise expenditure. It was believed that it would be best to have such acts considered by this committee, of which Treasurer Smith was a member, in order that the feasibility and wisdom of the expenditure might be considered in calm moments, uninfluenced by popular agitation. It proved to be a wise move, and the committee is to be a permanent one.

The glorious act of the Institute came as a result of a combined report from the Council on Medical Education, the Committee on the Journal and the Committee on the Promulgation of Homœopathy. To all these must the credit be given. Aiding and abetting these were the Committee on Ways and Means and the Committee on Resolutions and Business. Here are the men who formed these committees: Royal, Dewey, Garrison, Sutherland, McConkey, Arndt, Biggar, Lee, Hinsdale, McClelland, B. F. Bailey, Kahlke, Copeland, Strickler, Kraft, Cobb, Walton, Smith, Norton and Horner. That makes a pretty strong galaxy.

Two things were done. First, a new Committee on the Journal was appointed, and they were given explicit instructions, with full power to act, in the establishment of the Journal of the American Institute of Homœopathy. This was made possible by the temporary suspension of the By-Laws referring to the publishing of the transactions and the introduction of notice of amendments to the By-Laws providing for a change filling the requirements of the new form of publication.

The great event followed the introduction of the newly elected president. Dr. Biggar, the Honorary President for the ensuing year, had in his usual graceful way acknowledged the honor conferred upon him, ending with a proposition to be one of a number to subscribe one hundred dollars towards a fund for the promulgation of Homœopathy throughout the United States. He was followed by Dr. Foster, who duplicated the offer. Realizing that the psychological moment was at hand, Dr. Biggar again took the floor and called for other subscriptions. Enthusiasm ran wild, and in less than thirty minutes more than five thousand dollars had been subscribed in sums of one hundred, fifty and twenty-five dollars. This, added to one thousand dollars previously voted by the Institute, makes six thousand dollars which is available for the spreading of the truths of Homœopathy and the strengthening of our school of medicine.

That took us back to '94, when McClelland and Fisher raised fifteen thousand dollars for the Hahnemann monument fund at the meeting in Denver, and to the next year when thirty-five hundred dollars were raised at Newport for the same cause. These were great occasions, and put to blush the men who are saying that there is anything the matter with Homœopathy and the homœopathic

school. It is and always has been a fact that men of our school are willing to back their love for our great school of medicine by going down into their pockets for money for anything that will help her to get her rights. *And* money talks louder than mere words.

But we are not through. The best of the wine is saved for the last of the feast. Remember how at Jamestown Copeland worked to have the Institute take up the matter of having an official organizer appointed for this year that is just passed? Well, at Kansas City he landed the idea. Yes, we mean just that. By an unanimous vote the Institute adopted a resolution introduced by Dr. Gates, chairman of the Local Committee, deciding to appropriate five thousand dollars of the amount just raised to be applied to the payment of a field secretary and such office force as might be needed, his whole time to be devoted to the promulgation of the homœopathic doctrine. And after that we adopted Dr. Hensley's suggestion and sang the long meter doxology. It was a season of rejoicing.

What does all this mean? It means that within a year there ought to be a society endorsing and enthusiastic about Homœopathy in every county in the United States. It means that there is to be a man whose sole duty will be to go about throughout this land telling the people, doctors included, that we *have* the means for curing the sick; that we are not content with trying to prevent disease or trying to find out what is the matter with the sick, though we do both just as well as any other school, but we do more. *We cure the sick.* "The first duty of the physician is to restore health to the sick. The perfection of a cure consists in restoring health in a prompt, mild and permanent manner; in removing disease by the shortest, safest means upon principles which are at once plain and intelligible." That's our mission. That's what we not only claim the law of the Similars means, but during the past hundred years we have shown that these claims are based on the facts of accomplishment.

A tremendous responsibility rests upon those to whom has been entrusted the plans for this work. The meeting of 1909 must find something DONE. It won't do to report that there is in the fund so many dollars invested in this bond or that, and earning four per cent. interest. That money is dead as a door nail. It ought to be out working for Homœopathy. The money subscribed at Kansas City was intended for work, and that work the spread of the gospel of Homœopathy throughout all this broad land. We are sure the committee is going to rise equal to its responsibilities.

There were other things for which we are happy. For instance, the work of the Medical Council has been such that our school has a better standing among educators. The colleges are reported doing better work. There has been an increase in the number of graduates from homœopathic colleges over that on the previous year. There were two hundred and twenty new members admitted to the Institute. A change was made in the manner of choosing the place of meeting. Hereafter the entire matter is to be left in the hands of the Executive Committee, the out-going to investigate and present nominations for the place while the in-coming committee decides the place. Thus the question is taken entirely off the floor of the Institute. The legislative committee were instructed to take active steps in the proposed establishment of a National Board of Health, and to see to it that Homœopathy is represented in some way. The new Pharmacopœia was endorsed, and the suggestion of Carmichael followed in asking that it be given place with the pharmacopœia of the old school in the Pure Food Law. And as a last piece of news we would say that the place of meeting for 1909 is to be Detroit. A report of the meeting in detail will be found elsewhere in this number. Every one of our readers should carefully digest that report for you will be called upon to give to your friends information concerning the meeting, and you should be prepared. The Associated Press has given to the world notice that the meeting was held.

For the local committee there can be nothing but praise. Dr. Gates and his associates were omnipresent. Their arrangements for the care of the Institute and its allied bodies were perfect. The hotel accommodations were the best we have had for years, while the rooms in which the meetings were held were models in every respect. They were quiet, commodious and accessible for all. The theatre in which the opening exercises were held was cool and comfortable. The hall in which the ball and reception were given was fine, the music excellent and the Kansas City friends who were present were attractive and most courteous in their treatment of their guests. Taken all in all, our Kansas City brethren have every reason to congratulate themselves. They have set a standard which will be hard to excel in future years.

And now for Detroit. We know what they have done in the past, and the promise is that that past is going to be bettered by the future.

H.

Editor's Table.

GENERAL NOTES.

Boston University School of Medicine held its graduating exercises on June 1st. The usual addresses were made and the presentation of a tablet in memory of Dr. Hans Burch Gram was a special feature. The graduating class numbered nineteen.

Dr. W. H. Van Den Burg, of 30 West 48th St., announces his absence during the summer, from June 30th to September 15th. Dr. P. C. Thomas, of 343 West 99th St., or Dr. H. C. Sayre, will attend to his practice.

The graduating exercises of the Homœopathic Department of the University of Michigan were held on June 18th. The number of graduates was fifteen.

Dr. E. Louis Campagnac, of the class of 1908, Homœopathic Department of the University of Michigan, has secured the interneship of the Laura Franklin Hospital of New York.

Hahnemann Hospital, of San Francisco, has issued a handsome booklet, beautifully illustrated, showing the prosperity of that flourishing institution.

Dr. Wm. H. Hanchett delivered the address to the graduating nurses of the Samaritan Hospital, of Sioux City, Iowa, at the exercises last month.

We have received an interesting pamphlet on the needs of the Homœopathic Materia Medica, being an address before the New York County Homœopathic Medical Society, by Dr. J. B. Gregg Custis, of Washington, D. C.

Dr. Malcolm A. Royal, son of ex-president Dr. George Royal, of Des Moines, was married on June 18th to Miss Mabel King. Dr. Royal spent his honeymoon in Kansas City attending the meeting of the Institute.

Dr. E. M. Kingsbury, of the class of 1906, Homœopathic Department of Iowa University, is to locate in Normal, Oklahoma.

Dr. Ford N. Jones, of the class of 1908, University of Michigan Homœopathic College, is to locate in New Orleans, La., and will pay special attention to surgery. This is a good location, and Dr. Jones is a good man to fill it.

Beginning September 22, 1908, Dr. E. H. Pratt will hold a three days' free clinic in orificial and general surgery and suggestive therapeutics at Hering Medical College, corner of Wood and York Sts., Chicago. For particulars, address Dr. E. H. Pratt, No. 100 State St., Suite 1202, Chicago, Ill.

ST LOUIS NOTES.

BY SCOTT PARSONS, M. D.

Dr. C. J. Luyties, after several months' confinement with fracture of the patella, is again able to resume business.

The National Tuberculosis Society held their annual meeting at University City during the week of June 1st. Among the speakers and essayists were a number of prominent Homœopaths.

New modern fire proof clinic rooms have been built at the St. Louis Children's Free Hospital.

Dr. W. L. Galloway entertained the Hahnemann Club on June 3d.

Preparations are being made for a large delegation to the A. I. H. at Kansas City. The St. Louis Homœopathic Medical Society have arranged with Missouri Pacific for special accommodations, leaving here Sunday night.

An annual Charity Carnival Association has been formed in our city for the purpose of raising money for charity institutions. The association holds a carnival one afternoon and evening each year at some summer garden, and last year collected $37,000. This year over $40,000. The city turns out en masse, wearing badges, displaying the carnival flags, and emptying their pockets into the coffers of the association. Society men and women manage, control and conduct the event. Heretofore just certain institutions received the receipts, but it is the aim of the association to make it general and include all the private charity institutions in the city. The St. Louis Children's Free Hospital (homœopathic) this year received over $8,000.

CINCINNATI NOTES.

LINCOLN PHILLIPS, M. D.

Pulte College commencement and alumni banquet were held in the Hotel Sterling, Tuesday evening, May 26th. Toasts were responded to by Dr. C. E. Walton, toastmaster; Mr. Fred. Hinkle, lecturer on Medical Jurisprudence; Dr. T. M. Stewart, and Dr. U. H. Smith.

This closed a year in Pulte marked by good lectures, and more of them than ever before. During the closing weeks Prof. C. M. Boger gave a series of Materia Medica lectures, and held large clinics. His work was of a high order and was appreciated, not only by the students, but by the profession as well.

A large delegation of our physicians attended the Ohio meeting at Dayton, May 12 and 13th. This was a splendid meeting and a record breaker in point of new members admitted. Dayton is a fine city, and the homœopathic doctors splendid fellows. The society was warmly welcomed, and a fine banquet served.

Under the guidance of the toastmaster, Dr. Frank Murphy, the toasts were well taken care of by Mrs. Rosenberger and Drs. Walton, Copeland, Beebe, Wine, Higgens and Ellis.

To the out-going president, Dr. J. U. Overpeck, and the other officers, great credit is due for the successful meeting.

Dr. Lester E. Siemon, of Cleveland, was unanimously elected president. Under the guidance of this brilliant young man, a successful meeting is anticipated when the society meets at Toledo next May. A joint meeting with the Michigan Society is planned.

The Cincinnati Homœopathic Lyceum has finished its 1907-08 programme. The retiring president, Dr. C. C. Meade, did faithful work. Dr. W. H. Smith, who is doing such splendid work in Pulte, was elected president for the ensuing year.

Dr. Ralph Wallace Reed has removed his office from Hyde Park to Elm street, down town.

Dr. H. H. Wiggers is sporting a new Buck runabout.

The following widely known physicians were on the programme of the Ohio meeting: Drs. W. E. George, Indianapolis; C. M. Boger, Parkersburg, West Virginia; and Copeland, Dewey, and Hinsdale, of Ann Arbor, Mich.

What is the matter with Homœopathy? by Dr. C. E. Fisher, in last month's number of this journal,

should be read by every man who has the interest of Homœopathy at heart. We have talked long and loud for more homœopathic students. As secretary of our college, I receive letters every few weeks, asking for a homœopathic doctor. There are simply thousands of excellent openings with no one to fill them.

Who is to blame? The profession or the colleges? We believe the profession. Not enough interest is being shown in the growth of Homœopathy. Mr. Kicker, do you recall that when you went through college there were only two or three courses, of five or six months, but little teaching apparatus, and oft times only mediocre lectures in many chairs? Now the terms are eight and nine months long and for four years; the colleges are well equipped and have excellent lectures. It is far easier to stand off and kick, blame somebody else, do nothing yourself, only make a good living out of Homœopathy when you couldn't do it if you had to join the numerous old school throngs.

We are drifting. We are being "good fellows" with our allopathic brethren, which is a good thing —for our brethren.

We, of this city, are beginning to learn that the millennium is not here yet, for if the lion and lamb lie down together, it will soon be the lion— and a satisfied smile.

In the pioneer days when our professional fathers had to talk, write and fight for their very existence, they went out and hunted for good young men to study Homœopathy. It isn't so now.

This talk of the schools coming together is all right—for the other fellow.

Were we wise we'd realize now is our opportunity to compel the recognition of the truth of Homœopathy and thereby give fitting recognition to its labors.

Even a blind man can see that when the death rate exceeds the birth rate there will be a decrease in the professional ranks.

The present fight for increased membership in State and national societies is all right and commendable, but it is necessary we have more homœopathic physicians, and the only way we can have them, is to have more students.

Do you realize that in 1880 there were 480 homœopathic graduates in the United States, while in 1906 there were only 287?

Do you realize that a few days ago the widely advertised Osler, in reply to an invitation to address the British Homœopaths, declined on the ground that they were quacks, and have no place in modern medicine?

Let's not play Rip Van Winkle too long.

Bier's hyperæmic treatment is creating a good deal of comment in the medical world at present, and is considered something fresh and new right out of the band-box; but Max Wocher & Sons, surgical instrument manufacturers of this city, told the writer recently that years and years ago they had made a cart load of instruments, of identically the same type as Bier uses, for an advertising doctor who had his officers at 6th and Vine Streets, this city, and who practiced the hyperæmic treatment by the same method,

This, however, need not detract from the merits of the treatment or for Bier's investigations.

Harry Blackford, of Middletown, O., a Pulte graduate of 1904, died at his home, June 8, 1908.

He was educated as a Universalist minister, and was widely known in that denomination. On account of the invalidism of his wife he gave up the ministry for medicine. Although he had been practicing but four years, he had built up a tremendous practice. He was one of those clean-minded, honorable men that we have all too few of. Those that knew him well loved him, and feel that they are better for the example of his life.

He realized the truths and value of Homœopathy, and was clear-sighted enough to recognize the fact that what is needed above all else now is more bright, capable young men to study Homœopathy, and he backed it up by actual work in that direction. Even a few days before his death he was enthusiasticaly planning ways to win students to Homœopathy.

The death of such a man is a loss we can ill afford.

WASHINGTON NOTES.

BY DR. E. F. SAPPINGTON, WASHINGTON, D. C.

The regular monthly meeting of the Washington Homœopathic Medical Society was held at Hotel "Shoreham," Tuesday, May 5th, 1908, at 8:15 P. M.

Business Session.

Drs. J. B. Gregg Custis and W. R. King were elected delegates to the American Institute of Homœopathy, which meets in Kansas City in June.

Drs. T. L. Macdonald and J. B. Gregg Custis were elected to succeed themselves as members of the Board of Homœopathic Medical Examiners of the District of Columbia.

Scientific Session.

"The Nervous Invalid," Dr. Wm. R. Buchanan.

"Some Points in the Present Day View of Psychiatry," Dr. Alberta S. Guibord.

Both papers were very much appreciated by the society, and an interesting discussion followed their reading.

The society adjourned to meet the first Teusday in October.

OBITUARY.

Dr. Georgiana Fulton.

Steubenville, Ohio, May 17, æt. 44. Cleveland Homœopathic College, 1890.

Dr. Ellen L. Hancock.

Wheaton, Ill., May 24, æt. 38. Hahnemann Medical College, Chicago, 1892.

Dr. A. C. Davis, Jr.

W. Edmeston, N. Y., May 25, æt. 40. Chicago Homœopathic Medical College, 1889.

Dr. J. T. Horton.

Hammondsport, N. Y., May 23, æt. 56. Cleveland Homœpathic College, 1884.

Dr. D. E. Spoor.
Schenectady, N. Y., May 29, æt. 62. Hahnemann Medical College, Chicago, 1878.

Dr. R. D. Connell.
Columbus, O., May 31, æt. 57. Pulte Medical College, Cincinnati, O., 1879.

Dr. H. G. Lamb.
Sandy Lake, Pa., June 6, æt. 44. Chicago Homœopathic Medical College, 1890.

Dr. F. C. Gundlach.
Pittsburg, Pa., June 10, æt. 55. Cleveland Homœopathic College, 1885.

Dr. H. Blackford.
Middletown, O., June 8, æt. 41. Pulte Medical College, 1904.

Dr. Joseph H. Kitzmiller.
Taylorsville, Ill., June 8, æt. 59. Hahnemann Medical College, Chicago, 1878.

Dr. T. E. F. Miller.
Westport, Ind., May 26, æt. 57. Hahnemann Medical College, Chicago, 1886.

Dr. C. DeL. Chandler.
Hartington, Neb., May 28, æt. 37. Hahnemann Medical College, Philadelphia, 1896.

Dr. C. D. McCoy.
Independence, Mo., April 29, æt. 56. Kansas City Hahnemann College, 1901.

Dr. J. C Shaw.
Hoosick Falls, N. Y., April 30, æt. 56. Cleveland Homœopathic Medical College, 1881. Dr. Shaw was Health Officer of Hoosick Falls.

Dr. Wm. Clark.
Berea, O., May 4, æt. 81. Cleveland Homœopathic College, 1866.

Dr. H. M. Piper.
Denver, Ind., April 30. Homœopathic Department University of Michigan, 1899.

A noted—notorious, we mean,—Kansas City oculist, sailing under homœopathic colors, succeeded in beating his creditors, the Medical Century among them, sufficient funds for a trip east. He was entertained in St. Louis and New York, though we learn that there were some in this city who knew him, especially in journalistic and pharmacy fields, probably to their sorrow. After lounging about New York and vicinity for a month, he wended his way homeward via Chicago, where he doubtless hoped for entertainment and the glad hand. As he westward went, being of a diminutive type, physically as well as mentally, he commenced to swell in importance (his own). He called on a real oculist in Chicago and related how he had just returned from London, where he had spent six months with a noted authority on the eye, and how he had profited by the great teacher's lectures and clinical demonstrations, and how he was welcomed by the aforesaid great authority. The real oculist of Chicago listened patiently until he had finished, and replied: "Dr. ———, of London, was a great teacher, indeed, before he died some two years ago." The supernal importance of this same gentleman is illustrated in the fact that he refers to the late president of the American Institute as "Roy," though he scarcely knows that estimable gentleman.

A Nurses' Hand Book of Medicine.
By J. Norman Henry, M. D., Woman's Medical College of Pennsylvania. J. B. Lippencott Co., Philadelphia and London, 1906.

This book comprises lectures on nursing, delivered by the author; it is concise, compact and covers the entire field of nursing. It would seem to us to be a practical text-book on the subject.

State Board Questions and Answers.
By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Octavo volume of 684 pages. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $4.00, net; half morocco, $5.50, net.

This is a large volume containing the questions asked by representative State Medical Examining Boards for the past four years. It is a convenient compend for those who wish to prepare for State board examinations. The various State boards, composed, as they are, largely of political appointees, and in many instances, if not most, of men unfit to conduct examinations, makes some of the questions of doubtful practicability. This book will serve as an aid to get an idea of the trend of the questions in the various branches. Nearly all of the States have homœopathic and eclectic members thereon who examine in the materia medica and therapeutics of these schools. The book contains no reference to these seubjects, which detracts somewhat from its value, but it is a work that should have a large sale.

The forty-second annual meeting of the New York State Homœopathic Medical Society will be held at Elmira on September 22 and 23, 1908. Dr. W. T. Garnsey, of Gloversville, is president.

Dr. A. B. Norton salied on July 4th to spend his summer in the southwestern part of France. He will return in September. Dr. William McLean has charge of his office.

The editor of the Medical Century will spend a portion of the summer in the Green Mountain State.

Dr. Dean W. Myers, of the Homœopathic Department of the University of Michigan, will spend his vacation on the Pacific Coast.

Among the exhibitors at the Institute meeting in Kansas City, we noticed our old friends, Mellin's Food, Glycothymoline, Antiphlogistine and the pharmacies of Boericke & Tafel, Boericke & Runyon and E. Fougera.

Dr. E. L. Mann, of St. Paul, is spending his summer in Northern Michigan.

Dr. George Royal and family spends several weeks among his Yankee ancestry of Connecticut.

Medical Century

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Homoeopathics.

Atlanta, Ga., May 1, 1908.

Editor Journal of the American Medical Association:

It is only recently that I thought it possible you might publish such an article as I now send for your editorial consideration; but I have observed of late a more liberal spirit in the regular medical press, allowing an homœopathist to occasionally have a chance (in the medical world, for example), and I have concluded to send this.

The members of the homœopathic branch of the profession are acquainted with the facts presented, but it is otherwise with many others, who do not even know that there has ever been a word of correction from the other side as regards misrepresentations.

There is need of enlightenment, and it may be that you will be willing to give what I send, although it may be distasteful to those who are simply partisans on the other side.

While I regard unity as impossible, there might be great improvement as to harmony among the different schools on a liberal basis. If it shall not seem expedient for you to give place to the article, I must ask you to kindly return the same, for which I enclose stamps.

With all good wishes for the honor and credit of the whole medical profession, I am,

Faithfully yours,

F. H. Orme.

Written for the Journal of the American Medical Association, and especially commended to the members of that body.

THE CONTROVERSY ON HOMŒOPATHY.

BY F. H. ORME, M. D., ATLANTA, GA., EX-PRESIDENT AMERICAN INSTITUTE OF HOMŒOPATHY.

It is a fact known to all acute observers that the minority party in a controversy is generally more thoroughly acquainted with the argument, pro and con, than is the majority, the latter taking it for granted that its side, of course, has all of the advantage, while the former is careful to be assured of its ground. Error often arises from an acceptance of the assurance of the majority teachers, and thus we have cases of the blind leading the blind. A careful review of the case of the contrroversy on Homœopathy may not, at this time, be out of place,

Hahnemann.

One of the most prominent and reprehensible misrepresentations by the teachers of the school called the "old school," the "allopathic" or "regular" school is the traduction of the originator of the new or "homœopathic" school; many being misled into the belief that Dr. Samuel Hahnemann was a man without education or character, "irregular" and a quack—all of the epithets that prejudice could conceive being applied to him.

Preface to American edition of "Lesser Writings of Hahnemann," by E. E. Marcy, M. D., 1851. The following extract is from an homœopathic, the three others from eminent "regular" sources:

"On rising from the perusal of almost any portions of these pages, the reader will not fail to be impressed with the noble benevolence as well as the natural and acquired talents of Hahnemann.

"Commenting, as the volume does, with papers which were written while our author still belonged to the old school, and at a period several years previous to the discovery of the homœoathic principle of cure, we are enabled to appreciate in the fullest manner his greatness even as an allopathic writer.

"The most intelligent critics of all schools who are familiar with his literary works, entertain the opinion that he was one of the most profound thinkers, and one of the most learned and intelligent writers of his day, even when he is judged by those productions which have no special bearing upon Homœopathy. His descriptions of disease, his thorough knowledge of ancient language, and of the medical literature of the past, his wonderful powers of observation, his critical acumen, and above all, his acknowledged benevolence and integrity, would have secured for him a position among the great men of his century under any circumstances. But as a reformer of the opinions and practices of a class of men whose influence has remained preeminent for more than two thousand years, he has met with the most violent and determined opposition from the commencement to the termination of his career. His earlier essays, however, published in Hufeland's Journal, and in pamphlet form, attracted universal admiration from all sources, for their great originality, comprehensiveness and justice. Eminent among his contemporaries as a classical scholar, and for his profound knowledge of the lore of the ancients, his translations from the Syriac, Hebrew, Greek, Latin, French and English were looked upon as beaux ideals of what such works should be, and were appreciated and used accordingly,

"No sooner, however, had he announced a doctrine of cure which clashed with the stereotyped dogmas of his brethren, and which threatened to impair their pecuniary interests, than a system of opposition and persecution of the most dishonorable character was instiuted by both physicians and apothecaries. Not content with circulating bitter denunciations and the most unfounded calumnies with respect to Hahnemann and his doctrine, they appealed to several European governments for legislative enactments, which should repress their promulgation and practice, in order that they might still continue to dictate to the public what should be their medical faith.

"For a time this arbitrary course was partially successful, and victims were drugged as usual with poisons, to swell the coffers of the doctors and druggists; but gradually honest minds were directed to the subject, and notwithstanding the almost certain risk of losing caste with their friends, and of sacrificing, to a greater or less extent, their general influence and their busines interests, nearly all who had the candor to investigate became convinced of the truth of the homœopathic theory, and had the moral courage to adopt it in practice. As time has rolled on, the system has continued steadily to extend, always among the most intelligent classes, until at the present time every civilized nation on the earth hails it as the most important discovery and the greatest blessing to suffering humanity of modern times.

"All must concede that but few medical writers have appeared since the days of Hippocrates, whose opinions have stood the test of half a century so triumphantly as those of our author."

Dr. Marcy gives a list of original works by Hahnemann numbering twenty-five, and of "translations from various languages, generally with additions and notes," twenty. How many doctors can equal this record?

Dr. Valentine Mott, after visiting Hahnemann during his sojourn in Europe, speaks of him thus:

"Hahnemann is one of the most accomplished and scientific physicians of the present age."

Others wrote of him as follows:

"No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and probably destined to be the remote, if not the immediate, cause of more fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself."—Dr. John Forbes.

"That he had learning and ability and the power of reasoning is abundantly clear. He saw through the prevalent therapeutic absurdities and impostures of the day; he laughed to scorn the complicated and loathsome nostrums, which even at that time disgraced the pharmacopœias; he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems which then and theretofore prevailed."—Address in medicine before the British Medical Association, by John Sayer Bristowe, M. D.

With such tributes from such sources and numberless others exist, the attempts to belittle a great and good man, who has done more than any other to reform the general practice of medicine for the benefit of humanity, become absurdly futile. Shame mantles the cheek of him who would thus foully calumniate, while claiming to belong to a liberal professional.

The Era of the Charge of "Fallacy," "Humbug," Etc.

Besides the defamation of the author of the homœopathic method, and what was supposed to be its correlatives, were uttered cries of delusion, fraud, etc., and the intelligent and regular converts were denominated by such elegant and professional (?) epithets as "dolts" and "idiots," "knaves or fools," and numerous other terms expressive of narrowness and bitterness, while the experimental tests, which were all the while invited, were eschewed.

This mode of procedure was pursued with vigor and rancor by editors and teachers, even in the secular press, in the vain hope that the new "heresy" in medicine might be discouraged and stamped out; and, the wish being father to the thought, it was early and continually proclaimed that the hated schism was "dying out.' This and other fruitless methods were applied with a zeal worthy of a worthy cause, until its unworthiness and shamefulness were forced upon the recognition of the offenders, and it was thought best that the opposition should change its ground. This was probably more definitely determined on in this country when the elder Dr. Austin Flint emphatically declared that a graduated physician had an indubitable right to adopt any theory in medicine that appealed to his judgment, however fallacious it might be. This was so self-eident and incontrovertible, as it has always been, that it needed only the enunciation by an eminent authority of the popular party to work its acceptance, so the ground of complaint against the homœopathists was changed to

Exclusivism.

This imputation was, of course, vehemently repudiated, but prejudice must have its fling, and so went on the baseless charge. The American Institute of Homœopathy, the oldest national medical association in this country, and the representative of the homœopathic school, in the first section of its constitution in defining its object, declares it to be "the improvement of homœopathic therapeutics, and all other departments of medical science," and none of the numerous colleges of the school can find representation in the Institute that does not teach all of the branches or specialties that are taught in any well equipped first class college.

Absurd as is the charge of exclusivism, it was made the basis of a marked course of persecution, in this among other ways:

The old code of the American Medical Association contained a clause declaring that no one should be considered fit to be met in consultation who "practiced upon an exclusive dogma, to the rejection of the aids actually furnished by experience, and by the sciences of anatomy, physiology, chemistry,

etc.," and on this flimsy pretext exclusivism was practiced, with the hope of extinguishing the new and growing system. Reputable members of the Massachusetts Medical Society who had become converts to Homœopathy, were singled out as victims to be made examples of. The society was notified that it must purge itself of these guilty (?) members. To this, through its councillors, the State Society demurred. The American Medical Association, which was now at the acme of its arrogance, rejoined with the outrageous threat that if these members were not expelled, the State Society to which they belong would no longer be allowed representation in it. This action was based on the slanderous imputation that the clause embracing the term "exclusive system" applied to homœopathists was just—while it has always been emphatically repudiated and denounced—but, false as it was, it was the best weapon at hand, and must be used for the purpose for which it was designed by its framers. It is true Dr. Bowditch claimed that it was not leveled against the homœopathists but the Thompsonians; but this came too late, as the proposed engine of destruction of the school which was claimed to be "dying out" was actively at work against the homœopathic school. The outrageous act of expulsion was passed by the State Society.

Indignation at this abhorrent injustice was aroused in the homœopathic party, professional and laity, and an enterprise in the shape of a grand fair was set on foot in Boston with the view of advancing the homœopathc cause by building a homœopathic hospital. The amount of seventy-five thousand dollars was raised—subsequently more was added—then came a contribution from the State; a superb hospital was reared and equipped, others followed in that and other States; the unfair method of seeking to throttle a school that was mistakenly supposed to be weak and "dying out," but which had increased from one prescriber in 1825, the time of Dr. Gram, to many thousands in the early seventies failed, and the new school was thenceforth on solid ground.

The mistaken policy with the baseless charge of "exclusivism" had to be abandoned, and ground had to be shifted to the equally worthless charge of

Sectarianism.

A wrong and insincere cause is rarely benefited by a change of ground. The old allopathic, or to speak of it by the title more recently arrogated to itself of "regular" sect (although without shadow of claim to regularity), is the last to have a right to complain of the existence of sects. It is known to all acquainted with the history of the controversy on Homœopathy that the responsibility for the existence of the homœopathic sect, if evil there be in it, is demonstrably due to the unprofessional narrowness, bigotry and persecution of the dominant party in medicine. Hahnemann had no idea at the time of his announcement of a "new principle in medicine" in Hufeland's Journal (in which he was referred to as "one of Germany's most distinguished physicians") of starting a new party. His ideas were presented to the profession through "regular" channels. Regular persecution by illiberal members who dominated the profession did it. There is no escaping this. Homœopathists have always charged and complained of this course.

What preposterous assurance it is, then, for the party in control, after excluding the members of the new school from journals and society fellowship, to accuse them of evil purpose when they established their own institutions. By these the new school has been independent.

And is the formation of sects an evil? Have they not existed from the dawn of and to the benefit of civilization? Are they not right in law and in ethics? What progress would the world have made without them? There was in the time of Josephus "a sect called Christians, which is not extinct unto this day." What multifarious sects have sprung from this! And what a world of good in the way of beneficent institutions has come from emulation among these! What disaster has come from sectarian jealousy and persecution such as the "regular" school has shown?

The attempt of the stronger party to put blame upon the weaker recalls the fable of "the wolf and the lamb." The effrontery has even been shown of charging that the homœopathists took upon themseles a special name for the sake of "trading" upon it. Think of the logic. The weaker party that is traduced, and said to be "dying out," holds to its name for mercenary purposes. Is it not equal to claiming that water runs up hill in this case? How desperately weak the cause.

"Not from his enemies a man, with any show of reason, can
Expect fair, honest dealing."

The same system of endeavor to crush out Homœopathy has prevailed in most countries, but in the United States the chief offender, led by indiscreet members, has been the American Medical Association. From one position to another it has gone under a misinterpretation of a clause of its code which was intended to be misinterpreted, with regard to some undefined "exclusive system," until the very name of "code" was obnoxious and was changed to "Principles of Ethics." This made some modification of the old code with the hope that the "irregulars" might be cajoled into giving up the sectarian name for the inestimable privilege of being recognized as physicians and allowed membership in the Association.

Possibly a few weak brothers who did not see the bait, and were too simple to see the ultimate effect, may have been deluded by what they thought a kind concession, but the homœopathic profession at large understood and smiled at the ill-disguised scheme. Efforts to procure union among the different sects have been rendered futile by the unnecessary, unwise and facetious action of the majority sect. The time is over half an hundred years too late, if there ever was a time for considering union. But if wise counsel prevail there may be harmony where union —which is not desirable—is impossible. Let animosity and detraction cease. Let the sects exist if they must, and each pursue the even tenor of its way; let each be liberal, working in its own sphere, while it treats with respect and wishes Godspeed to all the sects which think they can do better work for the benefit of science by laboring honestly on

other lines, and let there be used no undignified or unbecoming epithets.

What Should the American Medical Association Do Now?

An association, as an individual, should pursue an honorable course. If found to have been in error it should retract and rectify. This is what a brave man will hasten to do.

Go back to the old code, with its sectarian "exclusive system" feature left out, for this feature was the source of all the woe of those who feel or affect to feel that it is a sin to have sects. Those who claim that there is no excuse for those of peculiar views to flock by themselves when persecuted by a stronger sect or party, have not thought far, and are ignorant of the history of the controversy on Homœopathy. Simple as it may seem to some simple souls to say that it is enough to be known as a physician, there are abundant reasons that a man who is candid should allow the community to know that he is aligned with the contemned sect. ("Trading upon a name," indeed!) Had the principles of the Golden Rule not been violated by the stronger party there never would have been a separate party in medicine known as homœopathic. This has always been the position held by the homœopathic party, and the members of the American Medical Association should not forget it. The responsibility, if blameworthiness be insisted upon, is upon the sectarians of the old school, and they will not be allowed to escape it.

It may be considered, in the estimation of some, sufficient for all Christians to be known simply as Christians. This might suit the strongest party whose special name would be taken. Is such a suggestion practical, or would a similar one in medicine be at all acceptable? No. Special names are not stigmata, and cannot be made so by the dictum of any dogmatic society.

Return to the old code with its offensive and mischievous sectarian feature eliminated.

Properly amended, as adopted by the American Institute of Homœopathy, it cannot be made an instrument of oppression.

It is useful as an arbiter of important questions, especially for the younger members of the profession.

The switching off to "Principles of Ethics" was only effected because the term "Code of Ethics" was rendered odious by its abuse.

The detraction of Hahnemann must, of course, cease. It has proved useless, and has only been a disgrace to the vilifiers.

The fatuous charge of "exclusivism" should be excluded.

All the antiquated charges of "fallacy," "humbug," etc., with the accompanying spiteful epithets used against good men who saw reason to adopt a new system of practice, should be discontinued.

The pitiful puerility of the charge of "trading upon a name" should cause a blush of shame.

The attempt to make the fact of membership in a sect engaged in a good cause, with liberal methods, a ground for exclusion from fellowship, being unjust and useless, should be abandoned.

Also there should be abandoned the practice of misrepresenting homœopathists by saying that they believe, or give, or claim so-and-so, which they never thought of, and allow them to speak for themselves. And what do they say?

The American Institute of Homœopathy, a national organization of homœopathists, which ranks in age the American Medical Association, adopted the following definition of

A Regular Physician:

"A graduate of a regularly incorporated medical college. The term also supplies to a person practicing the healing art in accordance with the laws of the country in which he resides."

And here is the manner in which the same Institute defines

A Homœopathic Physician:

"One who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right."

Why should the law and the gospel be violated by requiring that a physician to be classed as "regular" should be eligible to membership in the American Medical Association? Why should the "regular" sect assume to be "the profession" which is composed of several sects?

This article is not written to prove the superiority of homœopathic practice, which has been abundantly accomplished elsewhere, but to show the arbitrariness and injustice with which its conscientious practitioners have been treated. The aspersions and misrepresentations of Homœopathy have been reiterated, without limit, while the answers have not been shown fair play, and teachers and editors have allowed their pupils and readers to proceed in ignorance. How many of the dominant school have read Dr. Henderson's "Homœopathy Fairly Represented," which exposed the misrepresentations of Dr. Simpson, who had gathered up everything that had been brought against the new system up to his time?

When Dr. Gould paid a large prize for the best procurable article against Homœopathy, which proved to be but a new presentation of previously answered charges, how many of the majority school took the pains to read "The Truth About Homœopathy," which was a complete answer by our Dr. Holcombe, of New Orleans, and to be had through any homœopathic pharmacy?

This is written with the hope that it may fall under the eyes of some who rarely if ever see anything from the homœopathic side; that they may pause and reflect upon the errors committed; that a better spirit may in future govern those who control the destinies of the American Medical Association, and that our brothers of that Association may yet adopt or accept the definitions above given.

Hereto are appended, for the good it is hoped they may do, some extracts from the Code of Ethics of the American Institute of Homœopathy, which are an improvement upon corresponding parts, sectarian parts, of the old code, which parts did irreparable mischief.

If the American Medical Association should adopt

the liberal ideas therein prescribed, which are now heartily commended to it, the hideous phantoms conjured up by the older school would disappear from its vision and there could be harmony where unity is now impossible.

(From report of committee on completed Code of Medical Ethics of the American Institute of Homœopathy.)

"Considering it to be very desirable that the Code of Ethics adopted by the various associations of the physicians of our country should be uniform in scope and arrangement, and as nearly identical in language as possible, the committee have used the arrangement, and, to a great extent, the language of the code adopted by the American Medical Association, and published in Vol. XVI of their Transactions (for 1865), modifying it where changes seemed to be demanded by a proper regard for liberality and for justice, both to patient and to physician, or by a due concern for the freedom of medical education, opinion and action.

"Duties of Physicians in Regard to Consultations.

"A complete medical education, of which the diploma of a medical college is the formal voucher, furnishes the only presumptive evidence of professional acquirements and abilities. But the annals of the profession contain the names of some who, not having the advantage of a complete medical education, become, nevertheless, through their own exertions and abilities, brilliant scholars and successful practitioners. A practitioner, therefore, whatever his credentials may be, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship, nor his aid rejected, when it is desired by the patient in consultation. No difference in views on subjects of medical principles or practice should be allowed to influence a physician against consenting to a consultation with a fellow practitioner. The very object of a consultation is to bring together those who may, perhaps, differ in their views of the disease and its appropriate treatment, in the hope that from a comparison of different views, may be derived a just estimate of the disease and a succesful course of treatment.

"No tests of orthodoxy in medical practice should be applied to limit the freedom of consultation. Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or 'regularity.' It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee:

"1. A truly fraternal goodwill and fellowship among all who devote themselves to the care of the sick.

"2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine, as the essential qualifications of a physician.

"3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness intrusted to his care."

The Journal of the American Medical Association,
Editorial Department.
Dr. F. H. Orme,
Atlanta, Ga.

Dear Doctor: I have been holding your paper with the intention of writing to you rather fully but an unusual press of other matters at this time prevents this, so I must be brief.

On reading your paper I thought I must have been transported back thirty-five or forty years, for your arguments are exactly like those we heard that long ago. Yours is not a "careful review of the case" as you put it but is an ex parte discussion of a question which was settled long ago.

I am afraid that you have not been keeping up with what the American Medical Association has been doing during recent years, or you would not say what you say on page 10 in regard to what it should do. The fact is what you say should be done has been done.

A man can belong to the American Medical Association and consult with whomsoever his conscience may dictate; he can prescribe Swan's millionth potency, or any other potency or drug, imaginary or real, that he pleases so long as he does not set himself up before the world as a sectarian; in other words, make capital out of such sectarianism.

You forget, evidently, that there are other sects beside Homœopathy, the followers of each of which think they are right, and if we are to have sects, then whatever applies to one must apply to the other. Hence, what you say about Homœopathy should be said about psychopathy, osteopathy, eclecticism, psychiomedics, etc., etc., etc. We do not want any "pathies" in medicines, no sectarians. Every right-minded physician resents the term "allopathy," "Homœopathy," or any other "pathy." For the reasons given above it would be useless to publish your paper in the Journal; it would simply revive a controversy which has been settled.

Very truly yours,
George H. Simmons, M. D.,
Editor.

To the Editor of the Medical Century:

The blinding effect of the influence of partisan prejudice is well illustrated in the letter of the editor of the Journal of the American Medical Association, who seems unable or unwilling to see that all of his points were fully met in the article he criticises. To see facts and arguments ignored at the rate at which he has disregarded them is amazing, and argues that the editor, situated as he is, practically cannot be first if he would.

The facts given regarding the controversy on Homœopathy are known to Homœopathists generally, but are not known to the average "regular," and it

was with the hope of presenting them through an authorized medium to some of those who have never been allowed to know the homœopathic side of the controversy, that they were sent to the Journal.

The editor speaks as though the controversy had been "settled thirty-five or forty years ago." Indeed! By whom settled, pray? Who was the plenipotentiary who acted for Homœopathy in the settlement? Is a settlement by one arrogant party ever accepted as conclusive?

In the fable of the wolf and the lamb at the stream, when the wolf accused the lamb of muddying the stream from which he was drinking, and was reminded that the stream flowed from instead of towards him, when the argument was exhausted, the wolf acknowledged that it did not matter, that he intended to make a breakfast of him anyhow.

The wolf's logic and ethics represent those of the American Medical Association to-day. It is the ethics of the private who is not open to argument and who has no concern with the Golden Rule.

In "The Controversy on Homœopathy" the "regular" school was arraigned on the charges of assumption and injustice; these have not been disproved.

The Association mentioned claims to be the whole profession, and passes judgment as though it had a right, which is denied.

It is but one of many sects, and sects have existed in all times, and will doubtless continue to exist for all time despite the talk of unity and the attempts to enforce it.

The article on the controversy barely mentions the term "allopathic" used in old directories, a term which was once accepted, until the exigencies of the times required that the school which arrogated the term regular—thereby assuming superiority—chose to change the ground of objection to Homœopathists to that of its then being a sect. This change was made because of the final recognition of the futility of former grounds of objections, and wishing to change base and still have some appearance of reason for exclusion, put it on the score of using a sectarian name, as though this were really an excuse.

The imputation is that this is done from a mercenary view, but this is a preposterous aspersion, for those who would assume a name for speculative purposes would, of course, join the larger rather than the smaller party. A man does not assume obloquy from choice. It is rather a part of decided and honest conviction, with courage, when a man aligns himself with a small and abused sect.

The editor claims that all that I have said should of be done has been done. This is denied. On Sec. 1 of Art. I of Chap. II of the Principle of Ethics of the Association occurs this clause:

"It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession for physicians to designate their practice as based on an exclusive dogma or a sectarian system of medicine."

This is a somewhat different wording from that of the corresponding clause in the old code, but it has a concealed intent to the same purpose. Now it is not true that it is "incompatible," etc., to belong to a sect the object of which is honorable, or to bear the name of such sect, for this is open and honorable, warning off those who do not approve of it, to a greater degree than it attracts, while the charge of exclusivism, as well as that of use for personal gain, is untrue and slanderous. The phrase is cunningly devised to give excuse for sectarian action, and such action continues to be taken. This clause should be eliminated. It is chicanery. It is covert. It is unworthy. Its intent is that of vicious sectarianism, and covers mean action on the part of mean partisans. It is unbecoming in an honorable society. The Association will never be respectable as long as it retains this miserable sentence.

The article which the editor criticises so unfairly relates to the "Controversy on Homœopathy" only. Other sects, like the "regular," must stand on their own merits. The writer has had intimate association with members of the homœopathic school, or sect, for considerably over half a century, but has never known of one who restricted himself by exclusion of any means that he thought would be of any benefit to his patient; nor has he ever known one who placed himself under the homœopathic banner with the idea that joining a minorty party would be of pecuniary advantage to him. Just think of what ill treatment the Homœopathist has to contend with!

Recently I received from an eminent physician and surgeon a letter containing this paragraph:

"In order to test the sincerity of the fraternal protection of the old school, at the repeated solicitations of personal friends here, about a year ago I was induced to file an application for membership in the ——— County Medical Society, etc. (old school). No action having been taken, last week I withdrew my application, which was returned to me with the statement that the application had not been acted upon for the reason that I am a member of a homœopathic society, etc. There is nothing to it except political gammon, intended to mislead and fool the unwary."

No! The Association has not done what I "have said it should do." It has not been and is not now honest. It does at least by innuendo asperse every Homœopathist as being exclusive, and having a sectarian name, which does not necessarily claim superiorty, as does "regular," for unworthy purposes. This is slander. It should purge itself of this clause in its code, for it is in violation of an item in a code which has long been held in high regard, which reads: "Thou shalt not bear false witness against thy neighbor."

In the meantime I would say to my young homœopathic friends, beware of the wiles of the American Medical Association.

F. H. Orme, M. D.

Atlanta, June, 1908.

The Homœopathic Department of the Cleveland City Hospital is in a position for receiving applicants for interneship. Recent graduates or old graduates desiring post-graduate work please communicate with Dr. E. V. Gray, 55 Rose Bldg., Cleveland, O.

Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

GRAPHITIES—GENERAL ANALYSIS.

This metal is known as Plumbago, or black lead, and is the substance that is used in the manufacture of lead pencils. It is impure lead, an impure carbon, and contains some iron. In its symptomatology we find an interesting mixture and yet a strong unmistakable individuality. There is the anæmic, watery blood, flushing face of Ferrum. the dejection, chilliness, flabby, fat and skin troubles of Calcarea carbonica, and the offensive flatulence of Carbo vegetabilis, with other digestive eymptoms. Withal the "tout ensemble" of Graphites points it out unmistakably when it is indicated; and it is so often indicated that it becomes a polychrest.

The Patient.

To recapitulate, the patient is:

Corpulent.
Careworn.
Chalky.
Chilly.
Constipated and
Cracks at
Cutaneous
Corners, and has
Cicatricial sensitiveness,

And there you are complete. It had best be treated as to skin, alimentary tract and female genitals, keeping in mind the mental and physical characteristics as above.

Skin.

Unhealthy, brittle skin, which cracks and bleeds, especially at the orifices, the corners of the eyes mouth and nose and at the rectal orifice.

The skin eruptions are herpetic.

The skin cracks and exudes a sticky, gluey, gummy fluid, and there is glandular enlargement. The eruptions appear characteristically at the orifices, nose, mouth, eyes, rectum, behind the ears and at the bends of the joints.

Analogues—Petroleum.

The nearest analogue is Petroleum, which, as you know, is a universal carbonaceous oil, and is like Graphites in its skin symptoms.

Carbo vegetabilis.

In the flatulent dyspepsia and Sulphur; in its diarrhœa. The Psorinum eruptions have the same habitat as those of Graphites, there is the same cracking of the skin, but the eruption is generally dry and painful.

Mental Symptoms of Petroleum.

Has a strongly marked mental symptom which is easy to remember if the student is not a Petroleum patient, that is, a marked forgetfulness associated with mental confusion. She loses herself in well known places, or she has illusions of sense, imagines she is double, etc., as under Baptisia, Phosphorus.

Skin analogues: See Sepia.

Alimentary Tract.

There is tympanitic distension of the stomach, the patient is obliged to loosen the clothing (Nux vomica, Lachesis, Lycopodium, Carbo vegetabilis), burning pain (Arsenicum), relieved by eating (Lachesis, China), putrid eructations (Carbo vegetabilis).

Analogues.

See Nux vomica.

Constipation.

Associated with this gastric condition there is the characteristic constipation as described under Platina.

Constipation---Analogues.

See Nux vomica and Platina.

Anal Fissures

Associated with the Graphites constipation there is often anal fissure from cracking of the tissues at the junction of the skin and mucous membrane. Often bleed after defecation.

Analogues in Anal Fissures---Natrum muriaticum.

The same brittle mucous membranes, constipation with dry, crumbling stools, thin, yellow patients, with winkled skin and inordinate thirst, and dry eruptions, an advanced state of perverted nutrition.

Nitric acid.

Feeling as if sticks or splinters were in the rectum (with piles, Aesculus).

Pæonia.

Fissures with oozing, moist, smarting anus.

Silicea.

Fissures with "bashful" stool, coming out part way then slipping back.

Ratanhia.

Fissures with anal constriction, painful defecation, aching and burning for hours after stool.

Female Sexual Organs.

The menstrual flow is late, pale and scanty, and there is acrid leucorrhœa, watery and profuse; associate this with the mental sadness, the chalky fatness, the chlorosis, chilliness, the skin and alimentary symptoms and you have an unmistakable picture.

Analogues.

The nearest analogue here is Pulsatilla, which is distinguished by the fact that the Pulsatilla patient has a diarrhœal tendency, a healthy skin and a bland, thick leucorrhœa. She is similar in being fat, sad, chilly, delayed and scanty as to menses.

For other analogues see Sepia.

Ophthalmia.

In scrofulous ophthalmia Graphites is most useful, there is pale conjunctiva, thickened lids, cracking at the corners, ectropion or entropion and adjacent skin symptoms.

Analogues.

Arsenicum, Sulphur, Calcarea carbonica, Euphrasia, Mercurius, Hepar sulphur and Psorinum.

See Sulphur and Arsenic.

Cicatrices.

Graphites is useful also for painful, sensitive scars after surgical operations or injuries, as burns.

Diseases of the Middle Ear.

Glairy, sticky, thin, offensive discharges from middle ear with perforation of tympannum.

Analogues.

Mercurius, Hepar, Calcarea, Sulphur, Silicea.

Therapeutics

THE OPSONIC TREATMENT OF TUBERCULOSIS.

BY A. H. SEIBERT, M. D., LOUISVILLE, KY.

The more I read of the opsonic treatment of diseases the more I am convinced that it is the coming treatment. After reading a number of articles along this line I decided to give it a trial on the first case that presented itself as being favorable.

I believe this treatment to be truly homœopathic, for it carries out the theory of Similia Similibus Curentur.

The first favorable case presenting itself was one of pulmonary tuberculosis at the Louisville City Hospital, of which I will give you the following history:

Miss L. R., female, white; age, 34; occupation, house work.

This patient was very unintelligent, and consequently it was very hard to get an accurate history. Her father died as she said of softening of the brain, most likely tubercular in origin. Her mother's death was due to cancer, but patient did not know where the cancer occurred. One brother and two sisters died of pulmonary tuberculosis. She also has three sisters living in fairly good health.

Patient has had all the diseases common to childhood, also had an attack of bronchitis when a child.

Present disease started about a year ago with a severe cold; at this time the menses, which had started at the age of fifteen, stopped, she began loosing in weight rapidly, and had night sweats, a very bad cough, which was worse at night with slight expectoration at first, but became profuse later on, being yellow and very tenacious, severe headache most all the time with a constant pain in the chest, mostly on the right side and under the sternum. Her appetite has not been much disturbed, and the bowels have been fairly regular, the kidneys are regular in action and quantity, although at times the urine becomes rather highly colored; patient was very anæmic and emaciated just before the treatment was started; in fact, she was so weak that she could not get out of bed.

On inspection the chest was long, flat with deep depressions above the clavicles, a typical phthisical chest.

On percussion dulness over the upper portion of the right lung.

On auscultation increased vocal resonance and some mucous rales. The sputum was examined several times to be sure of the disease, and on every examination tubercle bacilli staphylococci and pus cells were found in abundance.

This patient entered the hospital on May 19, 1908, with a temperature of 100.8°, pulse 130 and respiration 30. She was treated with the indicated remedies but with no avail; she gradually grew worse instead of better. On May 30, 1908, her temperature was 102.2°, pulse 142, respiration 40. So on these conditions I decided to change treatment and try the opsonic.

The Tuberculinum, as it may be called, was prepared by taking a specimen of the sputum of this patient and adding a small amount of water to it and heating to almost the boiling point for about two minutes, this will make a watery solution of the sputum which is generally thick and tenacious; when this solution is cool it is carried up to the 30th potency with water, the last potency is made with alcohol, which will destroy all the germs that may have survived the heat.

The Tuberculinum is then administered to the patient in five min. doses four times a day, also using the indicated remedies as they are needed. By June 12th there was a very marked improvement in this patient. Her temperature had come down to 98°, pulse 90, and respiration 24. She feels stronger and better in all respects; she is now able to walk about the ward. Her cough is very much better; although she has some coughing spells at night she is gaining in weight and has a much better color.

From the amount of improvement she has made in so short a time I can see no reason why this patient should not make a complete recovery.

The opsonic can only stop the progress of the disease, it cannot restore destroyed tissue, and therefore the field must be limited to the early stages of tuberculosis. The field for this treatment is wide, and I believe it is worthy of a trial.

June 13, 1908.

Neurology.

APHASIA: WITH REPORTS OF CASES.

BY WALTER SANDS MILLS, A. B., M. D.,

Assistant Visiting Physician, Flower Hospital; Visiting Physician, Metropolitan Hospital, New York City.

From the medical standpoint aphasia is merely a symptom, not a disease. For that reason the majority of cases have not been worked out in detail from a psychological point of view. The cases that I have to report are not elaborated psychologically, still they present some psychological points of interest, and they sere to show the clinical aspect as well.

Case I.—January 28, 1900, Mr. A., aged 18, the preceding July, presented himself at my office for consultation. He had had intercourse twice during the preceding two months with the same woman, the last time about three weeks ago. This was his first experience in this particular form of vice. A few days before visiting me the patient had been troubled

by an itching at a certain point on the penis; this was followed by the appearance of a lump, and that by a slight sore with a colorless discharge. The patient was referred to a specialist in venereal diseases for treatment.

Just a word as to the patient's make-up. Medium height, rather stout. Very dark. Matured early. Has been obliged to shave an extremely heavy beard since the age of 15. Is athletic, not of a studious nature. Has a coarse skin and numerous corns. Is of a catarrhal diathesis, and has frequent colds. Short, thick nose, large mouth. Has little will power. Very fond of society, and is popular. Has smoked for several years. Looks to be about thirty.

The initial sore was treated, and after the usual time healed over. In due season the secondary eruption appeared and the hair began to fall out. The patient also presented mucous patches in the mouth. Within two or three months pains appeared in the legs and achings all over. The patient was so sick that he had to be put to bed several times for two or three days. In October syphilitic iritis developed in the left eye, and the patient was confined in a dark room for more than two weeks. With the iritis there also developed severe headaches, which kept the patient awake at night, and were only relieved by tight bandaging. During all these months the patient was able to attend to his business except as above stated.

Late in December a certain loss of power was noticed in the right hand, which was not of enough consequence to be remarked by the family except as a clumsiness.

December 30th, about noon, the patient noticed an inability to pronounce words distnctly. Ths was temporary, and the patient assigned it to trouble with his throat. I saw him about 6 P. M., but at that time there appeared to be nothing wrong. Later in the evening, while playing ten pins, the patient began to have difficulty in using his right hand, and was unable to hold the ball, dropping it several times. This was followed by an inability to speak. He made inarticulate sounds which conveyed no sense. I asked him to write what he wished to say, and he wrote a lot of letters, correctly formed, that spelled nothing. I asked what he had written; this exasperated him, and after a supreme effort he blurted out, "Read it." In a few minutes the inability to articulate passed off in a measure. He acted as a man stuttering, speaking slowly and carefully, but distinctly. Next a game of cards was started, but the patient was unable to use his right hand, the power to hold things was gone. Finally, at 10 P. M., the patient retired.

December 31st, at 8 A. M., the patient was found to be unable to speak. The right side of the body was paralyzed. He could move the fingers of the right hand a little, but could not grasp things. He could walk, but the right foot dragged, and he could not lift it from the floor. Vigorous rubbing of the affected parts seemed to cause pain, although I am certain that sensation was dulled. If the patient caught his right foot in walking he knew it only because it tripped him. If in walking the right hand struck the back of a chair and dragged over it, or if the patient bumped his right side, he apparently felt nothing and did not notice it. He could swallow solids without trouble; liquids ran out of the right side of the mouth when he tried to drink, unless the drinking vessel was very carefully adjusted to the lips. The patient's mind seemed clear. He could indicate his desires by motions, and shook his head "yes" or "no" in answer to questions. Of course, communication was limited to simple things. The bowels and bladder continued under voluntary control.

January 2d, the patient was taken home—a thirty mile railroad trip. For a week or ten days he was kept very quiet. During this time he was constantly improving. By the end of the month he began to recover the power of speech.

February 18th, the patient had regained control of his hand and leg. He talked well except when excited; at such times he slurred his words some. He also got his words mixed at times; for example, he would ask for "butter" when he wanted "bread," or would say "funeral" for "wedding," and so on, always using words that was associated in some way. He did not know that he made these mistakes, and was quite unconscious of them.

The patient gradually improved until the latter part of April, when one afternoon he suddenly lost consciousness. This time paralysis appeared on the opposite side—the left—and convulsions set in on the right side, the side originally paralyzed. After lingering in this condition for forty-eight hours the patient died without ever regaining consciousness.

From a clinical standpoint this case was remarkable for the virulence of the poison and the rapidity with which the disease ran its course. At its worst syphilis usually extends over several years. At its best it lasts many years. My personal belief is, however, after nearly twenty years' experience in medicine, and after an opportunity to observe hundreds of cases of syphilis in all stages, that the disease is rarely if ever cured. I know that the contrary is taught, but my opinion is based not only on clincal tertiary manifestations, but on conditions found at the autopsy table as well, where old syphilitic lesions have been found to have caused death years after the patient was supposed to be cured.

The final result in the case reported above might have been the same after fifteen years instead of after fifteen months; in fact, the longer time would have been more usual. Why the time in this case was so short I do not know. The patient had the best treatment by an expert. I can say this because I did not treat him myself. I was, however, constantly in touch with both patient and physician throughout. I was the first to see the initial sore; I was with the patient December 30th and 31st when his first stroke of apoplexy occurred; I saw him frequently during his illness; I saw him an hour or two after his second stroke. The above record is copied from notes made at the time.

From a physiological point of view the case is of interest for several reasons. First, It was a typical motor aphasia with agraphia. Apparently there was no word deafness because the patient appeared to understand simple things that were said to him. I asked him, after he was able to talk again, if he had always understood what was said to him, and he

answered, "Yes." Of course, as the patient was physically disabled, and was unable to communicate with others, there was probably some lack of appreciation of events.

Second, The paraphasia that appeared when the patient began to talk was of psychological interest, namely, the saying of "butter" for "bread," "funeral" for "wedding," and so on. This perhaps would indicate Marie's "intellectual deficit" because the patient was quite unconscious of his mistakes, and would get indignant if you did not know what he meant.

Third, The evening of the onset of the first attack of apoplexy, when anger made the patient blurt out, "Read it," after he had been unable to speak for a while. Occasionally a case will get no further than that. There will be inability to speak voluntarily, but the patient can always speak under strong emotion.

Case 2.—This patient was a young man aged 24 years, who was in my service at the Flower Hospital in 1904. The patient graduated from one of our universities in 1903 at the head of his class. March 1, 1904, he entered a hospital in a neighboring town because he was "run down." While there he had an attack of hemiplegia, right sided, and with it lost the power of speech. In course of time he was brought to the Flower Hospital, where I found him when I went on duty the first day of August.

At that time the patient had intermittent fever, as shown by the temperature chart and by the blood examination. He also had a bad valvular lesion of the heart, and he had lumbricoides in abundance. The heart condition might have produced an embolus with the resulting paralysis. Or it might have been due to syphilis—the majority of cases of hemiplegia in young people are due to syphilis.

When I went on service the patient had high fever, severe headaches, and was very cross and irritable most of the time. He could say, indistinctly, a very few words. He had a nearly complete motor aphasia. He could hear, because noises attracted his attention. The ringing of an electric bell in his room, the opening and shutting of his door, these things always attracted his attention. He had a true word deafness, however, because he could understand no spoken language. He could read and write, and he was communicated with in that way. He read a great deal, and with evident satisfaction. His condition remained stationary during the five weeks of my service.

This case was of particular interest to me, psychologically, because it was the only case of aphasia and word deafness I have ever met with where the patient could read and write. Such cases must be very rare. My hospital experience has been very extensive, and I have met with many cases of paralysis and aphasia, but no other like this.

Case 3.—A married woman, aged 63, native of Holland. She was the twelfth of thirteen children. Both parents died at the age of 73. Eleven of the children grew up. The patient has a son and a daughter, aged 37 and 33, respectively.

Apparently the present trouble began in 1900 when the patient suddenly lost her eyesight. This was diagnosed as from hæmorrhage into the retina, and the patient was told she could never be cured. Nevertheless she gradually got better. In December, 1903, the patient had a slight stroke of apoplexy, producing right-sided hemiplegia. She remembers nothing that happened during the first two weeks. She was kept in bed a month. When she got up she found she had lost her ability to read. There was no disturbance of speech at any time.

The patient was referred to me by another physician, January 23, 1907. She is of medium height, rather short, and of more than average intelligence. She has command of four languages, as has her husband, also a Hollander, namely, Dutch, German, French and English.

Physical examination reveals a chronic interstitial nephritis which is undoubtedly the source of her trouble. She also has a valvular lesion of the heart, and a right-sided hemanopsia, that is, inability to see with the right half of either eye.

The patient complains of tingling sensations in her right arm, and something in her right leg. She walks naturally but slowly on account of the impaired vision. On testing sensation with the æsthesiometer, the patient feels all test of two points up to a distance of 2.5 c.m. apart as one. Strength tested with the dynameter, right hand, 35 kilos; left, 32 kilos—a good average.

After the stroke of December, 1903, the patient was unable to read. She did not lose her ability to recognize figures, only words and letters. This was true of each of her four languages. I never met with that combination before. To try to improve this condition the patient's husband bought a box of blocks with the letters of the alphabet—English. After many months of persistent effort the patient finally mastered the alphabet once more. Then she was given a primer and learned a few short words. Since then and up to the present moment the patient complains that she cannot read because she has to spell out each word, letter by letter, and can remember back only a word or two. This makes reading so laborious that she gets discouraged. Once in a great while she is able to read some item in the newspapers by herself and retain it.

I gave a few simple tests in reading, using material that happened to lie at hand on my desk. She was able without much apparent trouble to read slowly:

"North American Journal of Homœopathy," the title page of a medical magazine. Then I tried her on the title of two reprints of the same article; these reprints were made at different times, the type on the title pages were very different, one was printed in a blue cover, the other on a red; the words were the same. The title was: "Some Reasons for a Belief in Homœopathy, Including Some Comparative Statistics." This was read slowly but correctly each time. After reading as far as "Homœopathy" on the second cover she recognized the words as being duplicates of the first.

I then had her write from dictation: "This paper was presented at the International Congress of Homœopathy held in London, England, in 1896, the Centennial of Hahnemann's promulgation of the Law of Similars."

Her writing follows:

This paper was presented at the International Congress of Homœopathy, held in London England in 1896 the Senten— of Hanemans promulgation of the law of Similars

After this was written the patient said she was unable to read it, and was unable to recall the words.

She receives letters from her children, but has to get someone to read them to her because she herself is unable to read them except by spelling out each word. In writing letters to her children she can write without trouble. When she does so she shuts herself up so as not to be interrupted. If she is interrupted she loses the current of thought and has to begin all over again. She is unable to read what is already written and take up her letter from where it was left off. She complains of a memory defect, and says she cannot remember what she has written unless someone repeats it to her. Therefore, if a letter is interrupted she is obliged to start a new one with an entirely different line of thought.

This ability to write but not to read is an extremely curious combination. The two accomplishments usually are lost together, not separately.

The memory defect is another point of great interest. The patient says she cannot recall events or experiences, or anything in fact. She recognizes things as familiar when told to her, if she has known about them before. For example, she goes to the theatre frequently, but she can never tell me where she has been or what she has seen. She recognizes the play as familiar if you tell her about it. This curious lack of ability to recall things annoys the patient very much, and she constantly refers to it. I ask her what she has done or how she has felt between visits, she cannot tell. I ask if she has done thus and so, she can tell me whether she has or not because I have started the brain action. I can best illustrate this condition of mind by stating my own inability to recall the numerous stories that I hear. I invariably recognize a story when told to me if I have heard it before; but to start out to recall stories to entertain others with is beyond my ability. This woman has that same defect for everything.

In other ways her memory is most excellent. The patient usually comes to my office with her husband, although she has been there alone. During the long conversations that we have the husband will frequently be at a loss for an English word that he wants to use. He will ask the patient in Dutch, in German or in French, as the case may be, to help him out, and invariably she can give him the English equivalent at once. This I have had opportunity to observe time after time.

Cases have been reported where persons able to use more than one language have lost the more recently acquired one entire. This patient has had no such trouble. She is still able to use any one of her four with equal facility.

In her efforts to read the patient sometimes helps herself by tracing out the letters with her finger. This was always necessary in the beginning. It is still necessary when trying to recall names. The patient has a number of friends who call on her. When her husband returns from business at night and inquires who has been to call through the day, the patient is unable to recall the name of Mrs. Smith or Mrs. Jones, but invariably says, "Mrs. S." or "Mrs. J.", at the same time tracing out the initial letter with the fingers. I am "Dr. M." She cannot recall my name other than as "Dr. M." If my name is mentioned she recognizes it at once. This remembering by initials is true most often of names of persons, not of things. Graves' case of recall by initials is classic.

Familiar objects and colors cause my patient no trouble whatever. I have tested her color sense most carefully and found it normal.

The patient has a slight paraphasia at times her husband reports. I have never observed it. That is, she says "in" for "out," "up" for "down," and so on. In the same way her husband says she occasionally calls things by their wrong names, not because she does not recognize them, but because of this speech defect.

These three cases present different phases of the same general symptoms—complex aphasia—language defects. Each was associated with right-sided hemiplegia of varying degrees of seriousness. I have never seen an aphasic case that was not so associated. There is also invariably more or less intellectual impairment in these cases. This is true of all aphasics, and I do not believe that they ever entirely recover from it. Many get well enough to be about and attend to some of their affairs, but they never are quite the same as before, and there is always a possibility of a fresh onset.

Theoretically, it is possible to have cases presenting a clean cut single aphasic symptom—alexia, agraphia, motor aphasia, word deafness, and so on. Practically we never do; the defects are always multiple, being mixed in varying proportions. And back of all, clinically, as Marie has recently emphasized, we have an intellectual deficiency.

Speech defects are dependent on physical disease, and, as stated in the beginning, are only symptoms. Primarily most of the cases are caused by disease of the blood vessels, resulting in hæmorrhage into the brain or the lodgment of an embolus, thus cutting off nourishment and reactions from certain parts. Or there may be localized inflammation in the brain, or there may be growths of various kinds interfering with reactions. Finally, the trouble may be the result of traumatism.

Whatever the cause the patient is sick. As in any disease, damage to one point means a disarrangement of all the functions. Certain symptoms may stand out, and the principal trouble be more or less localized; nevertheless the whole machine is more or less out of gear. This is true of intellectual and physiological processes alike; an individual is a combination of both and one reacts on the other.

No attempt has been made to describe the probable lesions in the above cases. They have simply been described as they appear clinically before the physician.

Regional Leaders.

By E. B. Nash, M. D., author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid," "Leaders for the Use of Sulphur" and "How to Take the Case." Second edition. Revised and enlarged. 315 pages. Flexible leather, $1.50, net;

postage, 7 cents. Philadelphia: Boericke & Tafel, 1908.

The second edition of this little book is an improvement on the first, if that were possible. It has ever been popular, full of useful hints, and one can skim through it frequently and learn something of value every time. We have always liked Dr. Nash's books, and this one the best of all.

THE PHYSICAL THERAPY OF SPASMODIC TORTICOLIS.

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

Mr. President and Doctors:

Fortunately for you, it would be impossible to write a long paper on this subject. All that is known can be said in a few words.

So far as my experience goes, this intractible disease does not yield to any treatment except physical. In my practice as a specialist during thirty-five years, it has been my privilege to try many lines of treatment. I believe it safe to say that I have experimented with every method that has been suggested, and in a sufficient number of cases to warrant the forming of a definite and reliable opinion as to the efficacy of the treatment.

I need hardly say to this body that the first step in the investigation of the treatment of any disease, with me, is the selection of the indicated remedy. In nearly all diseased conditions this is the most certain, as well as the shortest route to a cure. I freely admit that I have read and heard reports of cases of this disease having been cured by this method, and by men whose word I cannot refuse to accept. Neither can I doubt their ability as diagnosticians. My own experience, however, has not been successful with this method. To be sure I have treated in this way and with success, a lot of acute cases of stiff neck, but they were not cases of spasmodic torticolis.

The opinion has been forced on me that the only reliable treatment is in the lines of physical therapy. Just what pathological condition is present I do not know; therefore, I do not know just what must be accomplished in order to result in a cure. Neither do I know just what process is established and maintained by the treatment when a cure results. The treatment of this disease, then, is purely empirical. The thing that has been most successful in my hands, is some form of muscle stretching. The use of the curved spinal extension board has been followed by some most wonderful cures. The patient is placed on it face upward and drawn up by the neck until the weight of the body is borne by the head straps. This treatment daily from fifteen minutes to a half hour, this followed by brisk oil rubs of the neck and back. The same kind of results have been obtained through the use of the spinal extension table, used in the same way. As I have neither of these, I have, with apparently equal success used the Sayers hanging tripod and attachments except the arm supports. I leave these off, and suspend the body absolutely by the neck, that is, I raise the patient so the feet do not touch the floor at all. I commence with suspension only one minute in duration, then gradually increase until, finally, in two or three weeks, I hold them up about twenty minutes. I commence with one each day, and have given for a long siege two and three times a day. I follow each with a brisk oil rub.

In some of the most persistent and most marked cases I have used $^1/_{50}$ gr. Duboisine, hypodermically, once a day, for a period of one or two weeks. I must not neglect to caution any one using this method in these cases to raise and lower the patient very carefully and slowly. Do not under any circumstances remove the tension entirely until the patient has an even balance and a firm footing.

In many cases I have adopted a head piece to one side in such a manner that by means of a weight attached to a rope over a pulley and to the head piece, I would pull the head clear around so as to put the affected muscles on the stretch, holding them in this position for a half an hour at a time and two or three times per day. Other cases I have fitted out with a head brace that can be strapped on the shoulders firmly and will hold the head in the right position during all waking hours. These braces can now be found in the instrument shops.

Hand massage and manipulation, bearing in mind the essential elements of keeping the affected muscles on a tension for considerable periods of time, several times per day.

Hydro-therapy may be classed with physical therapy most properly. It has seemed to be of assistance many times and in some cases curative. The alternate hot and cold douche, the tepid pack lasting from two to three hours, twice a day, the long-continued ironing with ice have all had a share of cures following their use. The spinal ice bag, two or three hours at a time, twice a day deserves special mention.

The different light treatments have had a large number of successful terminations credited to them and I am sure, justly. For this, the head must be held in a normal position steadily, and the rays focused on the affected muscles, at a distance, giving only mild sensation of heat, and slowly moved backward and forward along the length of the muscles. Very gradually bring the light nearer until it causes a decidedly hot sensation, keep it at the point that the patient can just bear for about twenty minutes. It should produce some perspiration. An effort should always be made to secure light perspiration. This treatment should be given twice a day.

Electricity in any form is, I believe, positively contra-indicated. I have recently heard some claims made for the high frequency in these cases. I can give no opinion on this as yet, I am, however, inclined to doubt its efficacy.—Am. Inst.

EPILEPSY.

BY S. R. GEISER, M. D., CINCINNATI, O.

Epilepsy is by no means a new disease. The unclean spirit spoken of in the Bible, doubtless, meant epilepsy; they that foamed at the mouth

and wallowed on the ground were evidently epileptics. After all these years, while many cases of tuberculosis have been successfully treated; diphtheria combated, with a reasonable degree of success; cholera and yellow fever practically stamped out, the poor epileptic still applies in vain for relief.

Our uncertainty as to the etiology makes impossible an accurate definition of this disease, and obliges us often to differentiate it by symptoms alone, unlike such as are caused by definite bacteria. In Greek, it signifies "a laying hold of." Loss of consciousness and power of co-ordination of motion with tonic and clonic convulsions, lasting but a short time, constitutes a reasonable etiological factors. They are, doubtless, known to all of you.

No primary changes of an anatomical character can be asserted to be pathognomonic. The absence of any constant anatomic lesion in idiopathic cases has given rise to the toxic theory of the disease. According to this theory, the seizures and other manifestations are due to the formation and periodic accumulation of poisonous products of metabolism. This theory has gained plausibility from the fact that there are many substances, which, if introduced into the circulation of an animal, either by ingestion through the alimentary tract or hypodermically, can cause epileptic seizures, and that some of these substances are analogous in composition with some of the products which are formed in the animal organism in the course of normal metabolic changes. For instance, normal urine has been found to produce convulsions, if injected into the circulation of an animal.

The facts on which is based the toxic theory, are:

First, that the nervous system reacts by convulsions to various poisonous substances.

Second, that such substances are produced in large quantities in the animal organism.

This led to special investigations of the urine and blood of epileptics.

Voisin and Peron made observations that the urine of epileptics voided immediately prior to a seizure or a series of seizures, is hypotoxic, as compared with normal urine, while that voided immediately after a seizure or a series of seizures, is hypertoxic. Another observer injected into the subcutaneous tissues of a rabbit 2 C. C. of defibrinated blood obtained from a patient in status epilepticus; about three minutes after the animal had a severe epileptiform seizure, followed by paralysis of the posterior extremities; ten other such seizures occurred during the first four days, at the end of which time the animal died. A similar result was obtained in another experiment in which only 1 C. C. of defibrinated blood was injected.

Experiments showed that blood obtained from epileptics in the interparoxysmal periods had no such toxic effect on rabbits.

The same observer then made chemical analysis of blood obtained from epileptics during major seizures, and found it to contain 5.6 mg. of Ammonia per 100 C. C., whereas, normal blood contains only about 1.3 mg. of Ammonia per 100 C. C.

These findings led this investigator to formulate the theory that the phenomena of epilepsy are due to a disorder of nitrogenous metabolism.

While this theory is a questionable one and yet in an experimental stage, further investigations along these lines are warranted.

Heredity, doubtless, plays a part in the etiology. The mysteries of heredity have been investigated by great minds from the dawn of history up to our time and with almost no definite conclusions. This is, in a way, a comfortable state of things, for one may assume almost any position as regards heredity and will find many scientific facts to support him. It is a fact of anatomy that the generative organs, both male and female, are nourished by the blood of the general circulation; that the nutrition of these organs must vary with alternations in the general nutrition of the body is obvious; that the cells of these organs, and, consequently, their texture and function can escape the ill effects resulting from impure blood would seem impossible. So, if the bodies of the parents are not heathy, their progeny must certainly suffer in the struggle for existence. It is said that eighty out of one hundred cases of epileptics are born of parents tainted with alcohol.

Drunkenness, then, seemingly stands first in line as an etiological factor. Syphilis and fright are likely frequent causes. Intoxication of the father at the time of conception, and the fright of the mother during the pregnancy are also important etiological factors.

Idiopathic epilepsy is considered to be one of the degenerate states. The examination will show, either some recurring severe type of nervous affection in a parent or near relation, or alcoholism, insanity, queerness or crankiness in a parent or near reation; in other words, the patient frequently bears the evidence of degeneracy. In short, he does not show evidence of high physical or mental development.

Julius Cæsar and Napoleon Bonaparte were evidently exceptions to this rule. It has been said that both were epileptics.

The reflex origin of epilepsy is of doubtful character. The surgeon specialist has his particular operation which will cure epilepsy; from fitting of glasses to oopherectomy, circumcision and rectal operations, all of which are likely to fail in bringing about a complete cure.

Three factors are essential in order to insure reasonable success in the management of this very trying disorder, viz., time, diet and well-regulated habits.

Time.—In order to look for improvement, long and continued observation and treatment are essential. Cases come to the physician, take the remedies for a few weeks, or a few months, and then not being wholly relieved of the attacks, cease attendance. A physician, to do justice to his management, should have an epileptic under observation for years, which, in the majority of cases, is out of the question. It seems almost needless to even mention the food question of an epileptic, yet, this part of the treatment does not receive the attention it

deserves. The diet should be of the nature to favor the highest possible standard of nutrition. The quantity eaten, and the manner of taking it, is of great importance. Nothing is more harmful than overloading the stomach with indigestible food. These individuals usually have ravenous appetites, and pay little attention to proper mastication, thereby bringing about gastro-intestinal disorders, which tends to bring on epileptic seizures. Coffee, tea, tobacco and alcohol do no good, and are harmful.

This part of the management, as well as the administration of the remedy, should not be left to the patient, but to a competent attendant; also, should the habits of the patient be looked after by someone else. Since epilepsy is considered incurable, the patient frequently does not receive the attention in these respects he deserves. He should receive as constant attention as one ill with a severe acute ailment.

Therapeutics.—As it is no rare thing for the paroxysms to cease and not return for years, in some cases, it is a difficult matter to know what influence has been brought to bear on the course of the disease by treatment. Even in those seemingly benefited, one can never rest assured that all trouble is at an end; some cause or other may excite another attack after a long interval. This fact accounts for many alleged cures.

We all know that the disease is curable, or even palliated—only with difficulty, and homœopathic treatment applied according to the method of strict individualization, will show better results than will the Bromide or Opium treatment, or combination of both, or any other aggregation of drugs. Homœopathic statistics have not been as yet collected and analyzed and, undoubtedly, many cases of cure have been reported by physicians of all therapeutic beliefs, which would not bear strict diagnostic tests.

Nux vomica.—First and foremost, aim to give a remedy that will keep the general health up to the highest standard. Improve gastro-intestinal function. Here Nux vomica plays a great part, especially in an irritable individual, who has been indiscreet in the use of food and drink, and who is extremely sensitive to external impressions. Irritability of the gastro-intestinal tract and of the mood of the patient, is a salient symptom, calling for Nux vomica. Constipation, morning headaches and nausea after eating are additional symptoms indicating Nux vomica.

Melilotus.—Should the seizure be ushered in with intensely red and flushed face; with throbbing carotids; the individual a subject of frequent, violent congestive headaches, Melilotus suggests itself; especially if his mind is of an irascible, impatient, discontented, fault-finding, indolent, stupid and indifferent nature. His mentality is below that of the average epileptic. During the intervals he is afflicted with religious melancholia, and hypochondriasis.

Under favorable environment, this remedy will prove to be, at least, an excellent palliative, and aid in making the patient reasonably comfortable.

For similar cases in which the paroxysms follow each other rapidly, and Melilotus does not benefit, Aconite, Belladonna and Glonoin may be compared.

Cuprum.—The pathogenesis of Cuprum corresponds exactly to epileptic symptoms, and spasm, in its various manifestations. The grand central characteristic of the remedy is expressed in one word, spasm. We would hardly think of Cuprum without associating with it some degree of spasm, from a single twitching of the fingers and toes to general convulsions.

With Cuprum, in place of the intense redness and throbbing, we have paleness or blueness of the face and lips. The paroxysms are usually ushered in with a cry, and often terminate with weeping, and followed by deep sleep, or the spasms may occur during sleep. If an aura be present, it is usually described as a peculiar, uneasy sensation at the epigastrium.

I do not wish to convey the idea, however, that only remedies that develop epileptic phenomena, cure epilepsy, as Calcarea, Causticum and Silicea, may prove beneficial, and, furthermore, let us remember that Homœopathy has no remedy for epilepsy, and that the patient and not the disease needs the treatment.

Cocculus and Cicuta.—Both Cicuta and Cocculus, in toxic doses, upon animals have demonstrated that they produce epileptiform seizures.

Cocculus is particularly adapted to weak, anæmic women. Attacks usually come on when the patient is getting out of bed in the morning.

The old school used, with a certain degree of success, Picro-toxine.

Oenanthe.—From Oenanthe I have received only temporary benefit.

Acidum Hydrocyanicum is beneficial in the dry collapse following severe seizures. Argentum nitricum, Plumbum, Hyoscyamus, Bufo, and others are well spoken of. I have never had occasion to prescribe them.

The authentic cures, and a large number in which amelioration consisted in the lengthening of the intervals between the attacks should stimulate us to follow with courage the study of the treatment of epilepsy, and remember at the same time that the symptoms which go to make the choice of the remedy often stand outside those that make up the pathology of the case; nor should Homœopathy in the line of prophylaxis be overlooked.

In no disease is a painstaking study of the materia medica more important.

MENTAL AND REFLEX NERVOUS SYMPTOMS IN NERVOUS DISEASES.

BY C. F. JUNKERMANN, M. D., LANCASTER, OHIO.

From experience we all know the importance of the mental symptoms in prescribing for a patient, and the importance which Hahnemann gave to them.

We can see the objective symptoms, such as tis-

sue changes with other abnormalities, and hear a recital of the objective symptoms, after which we are, as a rule, no nearer the simillimum than in the beginning, from the fact that so many remedies have similar changes in tissue, eruptions, discharges, etc., so much that it would be almost impossible to select our remedy from the number as a true simillimum with any certainty.

Hahnemann says, "After carefully taking all the symptoms, both subjective and objective, into consideration, then lay special stress upon the mental symptoms." This is true from the fact that the disturbed vital force manifests itself through the nervous system which contains it.

It is in cases that are so similarly allied to each other that the importance and value of the mental symptoms are realized, as it is through these that the peculiarities of the individual patient are manifest, and in this manner leading to the selection of one remedy that is peculiar to each patient from among a number of remedies.

The brain, being the greatest centre, would naturally present the most exact picture of how the disease producing element affects one individual differently than another, as it is through the brain nervous system that we should expect to get the uncommon and peculiar symptoms that are of the most value in selecting the remedy. Where the importance of mental symptoms is true to all diseases, it is decidely true in the class known as nervous diseases, and it is through the importance given these symptoms that Homœopathy has gained such an advantage over the old school in treating this class of cases in particular.

For example, I will recite a few clinical cases:

Case I.—February 1, 1892. Mrs. G. C., aged 45 years, mother of two children, youngest of which is seven years old. No mental manifestations until the past few weeks, since which time she has become quarrelsome, very suspicious, talkative, absurd and foolish, jealous, incined to laugh without cause, great hilarity over serious matters, restless sleep from mental excitement, full of imaginations and hallucinations, thinks her husband is not leading the religious life he should and that he will die and be lost, thinks she has committed some dreadful crime of which there is no evidence, all other functions seem normal. Hyoscyamus 3d was prescibed and proved all sufficient.

Case II.—March 5, 1894. Mrs. J. H. B., aged 50 years, a sister of Case I, light hair, light blue eyes, very large pendulous abdomen, and presented the following story: About six weeks previous she began to complain of feeling queer sensations of chilliness in the stomach and chest, suffocating spells, worse from least exertion, chest very sensitive to touch, fears that her friends have observed her confusion of mind, is very forgetful, fears she will lose her power of reason, at times becomes very melancholy and sluggish with frontal headache, fears she will be taken to asylum, as her oldest sister was some eight years ago and never recovered, but died after seven years' detention, thinks her trouble started similar to her sister's. Calcarea carbonica 30th was given, which produced an absolute recovery.

Case III.—February 15th, 1905. Was called to see Miss E. B., aged 18 years, dark hair and eyes, somewhat emaciated, she had been advised about one year previous by her physician to give up her studies and school on account of being overworked and unable to stand the strain. This, instead of helping her condition, only served to increase and further exhaust her nervous system, as her whole mind and all her energies were thirsting for a higher education. The whole family was in a great state of excitement, as they just had a consultation of two physicians, who gave them no encouragement whatever. I found her held down on the bed by three strong women who seemed to have all they could master to keep her from escaping. The case being in such a state of agitation, my first efforts were to use all the suggestive and hypnotic influence I possessed, which worked admirably, and in less than five minutes the young lady was as calm as anyone in the room. After taking a careful history of the case, she was given Ignatia 3d, which did splendid work for a few weeks, when Calcarea phosphorica 30th was given, after which she was able to resume her studies and is now a very useful woman.

In "Gould's Dictionary of Medicine," a symptom is given, as that change or phase which occurs synchronously with a disease and serves to point out its nature and location; from this definition we would be led to infer that, if we have a certain symptom or group of symptoms, there can be little doubt as to the nature and location of the pathological condition producing them, and this is the case when speaking of direct symptoms; but when considering reflex symptoms, the nature and location of the pathological condition is not always clearly pointed out.

Reflex nervous symptoms are due to an intense or long lasting irritation or impression upon some nerve centre, and may be manifest either as a motor, sensory or functional phenomena, and from their nature make it difficult for the physician to ascertain the character and location of the lesion upon which they depend. If the irritation or impression were at the origin or along the course of a motor or sensory nerve, the symptom would first be referred to its peripheral distribution, but having failed to locate the lesion at either of these points, we must push our investigation beyond the domain of the nerve or set of nerves in which the symptoms are manifested.

It is only after careful consideration of the intimate relation existing between the cerebro-spinal and the sympathetic nervous systems that we can understand the influence which they exert over each other.

Let us here briefly consider the anatomical plan of the sympathetic. Extending along each side of the spinal column from the base of the brain to the coccyx, we find segmented ganglia upon the posterior root of each spinal nerve, also vertebral ganglia situated along the sides of the vertebræ

and connected with the spinal ganglia by two strands of nerve; still further toward the viscera are situated what are known as the collateral plexuses, the cardiac, solar and pelvic, and still farther on, lying within the walls of the viscera themselves, what have been called automatic visceral ganglia; these are all connected by an intricate network of communications, likewise, with all the cranial nerves, uniting with the fourth and sixth in the cavernous sinus, with the olfactory and the auditory at their ultimate expansion, as well as being in close connection with all the others with its cranial ganglia, forming thus the great blending and binding pathway and influence. In the light of this intimate blending of the two great nervous systems, their influence one upon the other would not seem phenomenal, but rather almost an anatomical and physiological necessity.

Since the normal pathways of sympathy are so numerous, and when in connection with this we consider the influence that any part of either nervous system has over the other parts of the same system, it is easy to understand how numerous the causes of reflex disturbances of motion, sensation or function may be.

We have already stated that the reflex nervous symptoms are due to an intense or long lasting irritation or impression upon some nerve centre. A nerve centre being a group of ganglia cells acting together in the performance of some function. We find upon investigation of the two nervous systems, that there are four great nerve centres, which, with their connecting ganglia control the organs of the body and their functions, and receive impressions from them, namely:

First: The brain, controlling all voluntary motion and receiving impressions from all the sensory nerves and nerves of special sensation, or, in short, controlling sensation.

Second: The cardiac plexus, with its influence over the heart and blood vessels, controlling circulation.

Third: The solar plexus, supplying all the organs of the abdomen and the ovaries or testicles, influencing their motion, secretions and excretions, controls digestion and elimination.

Fourth: The pelvic plexus, supplying all the pelvic viscera and the penis, controls reproduction.

As all these organs are so intimately associated together through the nerve centers controlling them, it naturally follows that reflex symptoms may be traced to an irritation or interference in the functional action of any of them.

Hence our conclusion that many of our most reliable symptoms upon which to base our prescription, we will find in the mental and reflex nervous symptoms.

Pocket Manual of Homœopathic Materia Medica.

By William Boericke, M. D., of San Francisco. Fourth revised and enlarged edition, with the addition of a repertory, by Oscar E. Boericke, M. D., of Philadelphia. Boericke & Runyon, New York, 1908.

The charm of this work consists of multum in parvo-ness. There is more materia medica and more drugs treated of between the covers of this little book than in any other published. It has about 1,000 pages, and the fine quality of paper on which it is printed makes it a veritable pocket manual, an encyclopædia and a therapeutic companion. Every word of it is reliable, there is no chaff, and it contains references to all of our drugs. The addition of the repertory makes it of still greater value. No one can examine the book without wanting it, and none can possess it without a feeling of satisfaction, knowing that in it will be found everything looked for.

Gynaecology

THE TREATMENT OF RETRODISPLACEMENT OF THE UTERUS, WITH SPECIAL REFERENCE TO OPERATIVE METHODS.

GEO. W. ROBERTS, PH. B., M. D., NEW YORK.

The fact that we cannot present anything new or startling upon a subject which is of such universal interest as the treatment of retro-displacements of the uterus, is a good excuse, if excuse were needed, for bringing to your attention some of the considerations which bear upon the choice of methods in our effort to cure this common condition.

Retro-displacement seems at first sight to be such a simple matter that it ought not to require such deep analysis and patient experiment as has been accorded to it by surgeons and gynæcologists; however, this may seem in theory, it is a very suggestive fact that nearly all the active gynæcologists of this country and Europe have seen fit to invent, or, at least, modify, some method for its cure.

Upon some principle that multiplicity of "cancer cures" emphasizes the incurability of cancer, we may safely assume that the multiplicity of operations for the cure of retro-version emphasizes, at least, the difficulty of finding a satisfactory treatment for all cases.

The explanation of this difficulty is to be sought not in the existence of any great mechanical barrier to be overcome, but from the fact, first, that both the causes and complications of retro-displacement are exceeding varied, and, secondly, that we are not, and should not be, satisfied with a mere mechanical cure, but that we have been in search of a cure which leaves the patient both anatomically and physiologically as nearly perfect as possible.

Years of experience by the entire gynæcological fraternity, with various operations for shortening the round ligaments by purely extra-peritoneal methods, by extra-peritoneal methods, the abdomen having been opened for exploratory purposes, or for the purpose of accomplishing the extra-peritoneal shortening, by methods of shortening the ligaments by the vaginal route, shortening the utero-sacral ligaments per vaginum or through the abdomen, vaginal fixation, ventral fixation and

ventral suspension in its various forms, have placed the gynæcologist of the present day in a position where it requires no little study of literature and no little thought over the subject, as well as analysis of his own personal qualities and accomplishments, to lay out for himself what may properly be called a working plan or policy which shall serve him as a guide in the careful and enlightened treatment, not only of the anatomical condition, retroversion, but what is of far more importance, the treatment of those associated and complicating conditions which are present in nearly all cases.

He who embarks upon the sea of abdominal surgery without a wide and careful technical training, and without a wide familiarity with the literature which is such a rich mine of information, and such a valuable guide in the moments of indecision which come with the uncovering of an unexpected complication, not only does a great injustice to his patient and her family physician, but lays for himself a poor and unstable foundation, which will surely crumble as the superstructure of his practice becomes heavier; and to no phase of abdominal surgery does this apply with more force than that under discussion.

Personally, I find it necessary to frequently review and modify my viewpoint, and change the estimate placed upon the value of one operation or another, and it is with a due sense of modesty that I venture, at the present moment, to voice my views as to the relative value and applicability of various procedures for the cure of retro-displacement with which we are all familiar. The feeling that my contribution must be a modest one is accentuated by knowledge of the rich experience which my confreres in Buffalo and Rochester have enjoyed, but, at the same time, knowledge of that broad experience assures me of the sympathy which cannot but exist between honest men who are dealing with the same problems, although their geographical location may be quite widely separated.

Before taking up the purely operative side of this subject, let us state with the utmost emphasis that all uncomplicated cases of retro-displacement which permit of replacement by bi-manual effort, and all cases which are due to, and associated with, a present subinvolution should have the benefit of from four to six weeks of local treatment, by means of tampons and the other well-known local means directed toward maintaining the normal position, and toward reduction in size and weight of the organ. If, at the end of this period, they are not cured, or, at least, markedly improved, these cases may be considered as surgical cases.

The use of pessaries is restricted to those cases which, having no pelvic complications, have recently undergone successful tampon treatment, and it is desired to use the pessary as a retentive apparatus for a few months; and to those uncomplicated cases which can be reposed by bi-manual effort, and in which there is a positive contra-indication to anæsthesia, or which will not consent to operative interference.

Alexander's operation for shortening the round ligaments is more nearly ideal than any of its competitors, and is, therefore, the operation of choice in all cases to which it is applicable; its advantages are that it is practically devoid of danger in competent hands, that it utilizes the natural anatomical structure—not to hold the uterus in an abnormally anteverted and abnormally fixed position, but to hold it forward of that imaginary plane which determines the intra-abdominal pressure upon its posterior rather than upon its anterior surface, so that the maintenance of its position is due ultimately to natural rather than artificial forces.

It constructs no new support, leading to later complications, leaves no weakness of the abdominal wall, tending toward hernia, leaves no perceptible scar, and no tendency toward miscarriage or dystocia, requires less than a week's confinement to the house, and, if successful, leaves the patient both anatomically and physiologically perfect.

The disadvantages of this operation lie almost entirely in the narrowness of its field of applicability, and this is a great disadvantage, for, according to my estimate, it is hardly applicable to ten per cent. of the cases as they present themselves in office and hospital practice.

It is not applicable to any cases which cannot be replaced by bi-manual effort.

It is not applicable to any case in which there are even light adhesions to the rectum or to any other structures posterior to the uterus, nor to any case in which there is a complicating new growth of any sort in the pelvis.

Any inflammatory condition of the ovaries or tubes, or any condition of the organs lying in the lower half of the abdomen, including the appendix, which would make their treatment or even inspection advisable, is enough to turn one's choice from Alexander's to some of the operations, in the course of which these complications can be properly investigated and treated.

No operation has had its contra-indications more clearly defined than this one, and it will be seen that they are cogent and restricted to very narrow limits.

Its advantages are equally clearly recognized, but there is considerable difference of opinion as to the possibility of always executing the operation in a satisfactory manner, many operators maintaining that frequently the ligaments cannot be recognized, or are so attenuated and friable that they frequently are either not to be found, or break in the course of necessary manipulations.

Both the literature of the subject and my own experience tend to the conclusion that this phase of the question is purely a matter of technical skill.

Permit me to mention one or two points in technique which have helped me not only to accomplish the desired result of drawing the ligaments forward with ease, but have lessened my ptaient's discomfort and permitted me to get her up and out in a few days.

The skin graft incision is a great aid, in that it does away with the necessity of applying a dressing in this region where the position of a dressing is maintained with difficulty and discomfort, and in that at the end of four or five days the healing

is complete and the patient can be allowed her liberty.

Location and isolation of the distal end of the ligament is greatly facilitated if the incision is carried down a little past the external abdominal ring, and, if before disturbing the contents of the ring, the assistant uses a sharp retractor to pull the mons veneris downward and toward the opposite side, this rolls the ligament and its accompanying fat out of the ring, because its distal fibres are inserted into the mons and are pulled upon by displacing structures in the external ring toward the ligament (after isolating the ilio-inguinal nerve) instead of wiping and dissecting them away from the ligament, for if this latter course be pursued, some of the fibres in this weakest part of the ligament will be lost. After the ligament can be seen, as a definite round shining cord, it can be isolated, and if the pull is well judged, and parallel with the canal, there is usually no trouble, but the more the pull is exerted by the hand instead of the instrument the less likelihood of breaking the ligament.

I have never been obliged to open the canal as Edebohl does in routine practice, but one need not hesitate to do so. if necessary.

It is to be regretted that after having eliminated all the cases which can be cured by local measures, and all to which Alexander's operation is applicable, there still remains seventy-five per cent. in which, for one reason or another, the abdomen must be opened, either for the direct purpose of curing the retroversion, or, in order to inspect or treat some of the complicating lesions. Mere coincidence must be charged with some of these complications, but, as a rule, the relation between the retroversion and the pelvic lesion is that of cause and effect, or else a common cause underlies the complex result.

The various inflammations of the pelvic organs are by far the most common conditions which we find complicating retroversion, and in a given case it is often difficult and even impossible to decide which was the causative factor, the retroversion or the inflammation.

It has been said that the retroverted uterus does not long remain a healthy uterus, but I am inclined to think that it is only a small minority of cases in which the displacement precedes some of the various forms of inflammation which result in the softening and increase in weight. of the organ There may be rare cases of congenital retroversion, and, perhaps, cases in which, from some general disease or a lowering of vitality, the pelvic organs take on a laxity which permits the displacement to occur when the patient assumes the recumbent position. Many authors maintain traumatism as among the common causes, but my own observation is, that even with the patient in the recumbent posture on the operating table, with the abdomen open, it is a difficult matter to tip the healthy uterus over backward, and make it stay there any length of time, and that a fall in the sitting posture or a fall upon the back can act as the exciting cause of retroversion is beyond reasonable inference.

Now, the accompanying lesions in the abdomen having been attended to, and assuming that lacerations and all complicating conditions have received proper surgical treatment, the abdomen being opened, the question to be determined is what method shall be used to maintain a correct position of the uterus.

The large number of methods which have been advocated from time to time, and that are still in use, render the choice a difficult one, especially to the younger operator, who must depend upon the reported experience of others rather than upon his own; our answer to this question would be that the circumstances of the case must, to a large extent, determine the method to be chosen, and, inasmuch as most of these circumstances can be determined only after the abdomen is opened, I will take the liberty of describing my own procedure, and call attention to the conditions which determine my choice. First of all, let me say that I rarely open the abdomen through the vagina, because this route presents certain disadvantages, which, while they may not appeal strongly to all operators, do appeal strongly to me. Briefly stated, they are as follows:

(1) Personal inability to so prepare the vulva and vagina, and so conduct the necessary manipulations as to maintain an aseptic condition with certainty.

(2) Inability to see the exact location of each suture, or ligature used, and to feel sure that no damage is done in such manipulations as breaking up adhesions, emptying pus collections, etc.

(3) Inability to inspect, and, if necessary, to operate upon the appendix and gall bladder.

These considerata are enough to more than counter-balance any slight disadvantages which accompany a carefully and skillfully performed suprapubic incision.

Having then, if necessary, repaired the cervix and perineum, curetted the uterus and fastened up the prolapsed bladder, the patient is placed in the Trendellenberg posture, and the abdomen opened by the semi-circular skin graft cut, and a thorough inspection of the abdomen made. From this point the procedure varies.

If either tube shows evidence of infection, the pelvic condition is for the moment ignored, and a careful examination of the gall bladder and appendix made, and the proper remedy applied to any lesion found in the upper abdomen.

Returning, then, to the pelvis,—pus tubes, a pus tube, a violent salpingitis in which the abdominal ostium exudes cloudy mucus, multiple cysts of both ovaries, a large fibroid, many small fibroids, or any other condition, which, treated by so-called conservative methods, bids fair to bring the patient back to the operating table within a few months, goes a long way toward determining me in favor of a supra-vaginal salpingo-oophoro-hysterectomy.

This statement calls for some qualifications, not all of which, however, can be fully discussed within the limits of this paper. This much must be said, that virulent infection of even one tube is, to my mind, a positive indication for the radical operation above mentioned, and, while fibroids and multiple cystic ovaries demand that we take into considera-

tion the age and social status of the patient, as well as her desires after having been properly informed upon the subject, it is still my belief, supported by the best available statistics, that pregnancy follows in only a very small percentage of these cases, if treated by so-called conservative methods, while a large percentage require re-operation, sooner or later.

If only one ovary is multiple cystic, it only is removed; if one or both ovaries present only a single or two cysts each, they are resected and saved, but if any operation is to be done which will eliminate the possibility of prengnancy, the operation should remove all generative apparatus above the internal os.

The conditions referred to so outweigh in importance the retroversion which accompanies them that it may be argued that they should not be considered complications, and, therefore, not referred to in this paper.

The answer is that all too frequently, the operation was started, especially by the less experienced gynæcologist, as an operation for the only condition positively determined, viz., retroversion; and that being committed to this operation, he proceeds with it without giving due weight to the other conditions present, and that, as a matter of daily experience, the complications which go with retroversion are so frequent, various and complex, that it is impossible to give fair consideration to one phase of the subject, and at the same time ignore the others.

When these complicating conditions are present there is brought into the method of treatment some of the most interesting questions before the gynæcologist.

My own advocacy of supra-vaginal hysterectomy is predicated upon the use of certain methods which I consider essential, and the reasons for which I will try to outline briefly.

The method employed must, in addition to generally recognized essentials, so suspend the cervix that it is left high in the pelvis and entirely movable, leaving the vagina as long and pliable as ever. It is argued against hysterectomy that it not only precludes the possibility of pregnancy, but has a very detrimental effect upon the mental status of the patient.

This subject has been of absorbing interest to me, and, after much observation and inquiry, I am convinced of the following facts:

(1) A uterus left after removal of the ovaries is of no possible advantage, and not infrequently becomes the source of serious disease.

(2) Uterus and ovaries left after removal of the tubes are of no value, and remain as a source of danger.

(3) Uterus and ovaries left after resection of the tubes are of doubtful utility, and, while pregnancy does sometimes occur, the more frequent result is tubal occlusion and sterility.

(4) Ovaries left after removal of the uterus soon undergo atrophy, and their usefulness in mitigating the symptoms of menopause is very doubtful, while their proneness to degeneration and disease is so great as to argue in favor of the more radical operation.

(5) Complete hysterectomy, meaning removal of uterine body and cervix, whether accompanied by oophorectomy or not, results in shortening the vagina, in painful or only passive copulation, and, particularly, when accompanied by the adverse suggestion which is so common, may result in serious mental depression, possibly progressing to actual mental disease. These results are so terrible that this operation should be performed for the relief of cancer only.

(6) Supra-vaginal salpingo-oophoro-hysterectomy, if the cervix is properly suspended, thus maintaining the normal length of the vagina and mobility of the cervix, if accompanied by a forcible plain talk with the patient, results in absolutely no harm to her, mentally or physically, except that it stops the menstruation and the possibility of pregnancy. As to whether this artificial menopause is more violent than the natural change of life I am as yet in doubt.

In those case of retroversion, during the cihld-bearing period in which there are no complications requiring surgical measures which will interfere with pregnancy, the operator's aim must be to establish a normal position of the uterus, ovaries and tubes with as little artificial anatomical change as possible. The fixation methods have no place before the menopause; the suspensions accomplished by establishing artificial ligaments or new attachments for the round ligaments within the abdomen have the objection of favoring serious intestinal obstruction, of being liable to failure, and, at best, of only short life.

The natural position of the round ligament is within the folds of the peritoneum covering the broad ligament, its natural direction toward, and its exit from the internal abdominal ring. If it is possible to do so, I, therefore, shorten this ligament rather than do a fixation or suspension in all cases where the patient is within the child-bearing period. In accomplishing this purpose, I have used various methods; most satisfactorily, perhaps, that practiced by Noble, and published in Kelly and Noble's new work, and that practiced by the Mayos, —modified always by the semi-circular skin graft incision, which becomes more and more satisfactory as it becomes more familiar. The essential features of these methods of shortening the ligaments after the abdomen has been opened, are that they resemble as closely as possible an Alexander operation, namely, that the uterus is carried forward, not by pulling the ligament inward, as was done by Mann, Dudley, and others, and thus placing dependence upon the distal or weak ends, but by pulling the ligament outward through the internal ring, or through some point upon the anterior abdominal wall between the spreading folds of the broad ligament, and thus placing dependence upon the proximal or strong end.

The exact method of accomplishing this result is, to a certain extent, a matter of personal choice to be determined by the usual custom of the operation. I am in the habit of completing the abdominal

work, and then just before beginning the closure of the deeper portion of the incision, a pair of small Kelly clamps is forced through the anterior abdominis, between the folds of the broad ligaments and along the round ligament to a point one and a half or two inches external to the uterus, where it pierces the peritoneum, grasps the round ligament and draws it out of the abdominal wall puncture to be fastened to a corresponding loop of its fellow, or to the fascia and muscle.

This procedure is simply and easily executed through the transverse incision, there is no danger of intestinal obstruction or of hernia following, and I find convalescence quicker, easier and altogether more satisfactory than by using the central incision and doing a suspension.

After the menopause uncomplicated retroversion rarely calls for interference; in case it does, however, ventral fixation, using the precaution to attach the bladder to the anterior surface of the uterus, as advocated by Emerson, of Boston, is a satisfactory procedure.

Conclusion.

(1) Selection of the proper method for the cure of a retro-displacement is of great import to the patient, and is difficult for the gynæcologist.

(2) Alexander's operation is available for only few cases, but where available is ideal.

(3) Fully three-fourths of all cases require abdominal incision, either to cure the retroversion, for inspection, or to treat some complication.

(4) Complications which, when treated by so-called conservative methods, are likely to return, or which require operation of a seriously mutilating character to the pelvic apparatus, call for the finest judgment. Conservatism should not be carried too far, and, in general, if the age and social surroundings do not contra-indicate it, a supravaginal salpingo-oophoro-hysterectomy, if properly performed, leaves the patient cured, and is not followed by serious results of any kind.

(5) In performing a hysterectomy for any condition except cancer, it is essential to save and carefully suspend the cervix, thus leaving a vagina of normal length and mobility.

(6) It is highly probable that the ordinary progress of mental deterioration, dyspareunia, due to imperfect operative methods, and foolish mental suggestions following, are responsible for all the mental disorder reported to have followed pelvic operations.

(7) After the menopause, hysterectomy or fixation are justifiable cures for retroversion, but, during the child-bearing period the method of round ligament shortening, which are executed by pulling them out from within the broad ligamen folds and fastening them to the abdominal wall without forming adhesions within the abdominal, are far superior.

Dr. G. E. Deacon, a graduate of Pulte, upholds the banner of Homœopathy in Lima, Peru. The doctor writes that there are good opportunities for homœopathic physicians in Peru.

Marine Therapeutics

THE THERAPEUTIC APPLICATION OF ISOTONIC SEA WATER.

BY B. S. ARNULPHY, M. D., NICE, FRANCE.

We live in an interesting age, where the mental atmosphere is fairly alive with pregnant possibilities. One of the signs of the times is the bold attitude of science. Judging from its recent achievements, one feels almost justified in entertaining the wildest hopes. Science has quietly bridged over the once fatal gap between the vegetable and the animal kingdoms; ay! it is now tacitly understood between scientists that the abyss between inanimate and animated nature is fast becoming a matter of history, thus leading to a unitarian conception of life and consciousness.

And in view of the recent advance made in the constitution of matter and the working of the etheric forces, who would be bold enough to deny the possibility for science to fathom the mystery of the invisible world around us?

More than once of late have we seen the fables, myths and symbols of past ages resolved into luminous explanations by the silent victories of the laboratory, by the subtle alchemy of analytic and synthetic thought, yoked together in a powerful effort and crystallizing into some beautiful geometric conception, shedding light in every direction.

It shall be my privilege today to unfold before you one of those masterful achievements of mental structure, a bold and simple idea issued from the brain of mortal man, as once Minerva was said to have sprung from Jupiter's thigh, fully armed with spear and shield. I shall try to briefly sketch with care the outline of this, the most recent and farthest reaching device in the field of therapeutics.

It is well known that the French mind excels in synthesis; no one, therefore, shall wonder that it was reserved for a French scientist to have evolved a new theory of cellular life, the astounding conclusions of which will soon appear in sharp relief.

About fifteen years ago Rene Quinton, now assistant professor of Physiology at the "College de France," began being haunted by the idea that all cellular life having originally sprung from the bosom of the ocean, some trace of the pristine medium must be still extant in all the representatives of planetary animal life even to this day.

When it was first broached to his friends and associates, Quinton's hypothesis was derided and treated as "scientific romance."

With patient, untiring industry, Quinton went to work, and now, after fifteen years, he presents the world with a well-knit, full-grown theory of cellular life, grounded upon an amazing array of incontrovertible evidence.

It is no longer possible to deny that life on the planet took birth in the vast expanse of the waters, which covered the surface of the planet. Both

geology and paleontology concur in testifying to the reality of the great fact.

The temperature of the ocean, when life first appeared in its bosom, must have been about 44° Cent. No continent, no islands were above water at that remote period. The ocean covered the planet and huge clouds, from which poured continuous rain, hovered above the unlimited aqueous expanse. Such was the pristine vital medium of the primordial cells that felt the initial thrill of life.

Such is the medium wherein life is going on, even now constantly unfolding an extraordinary variety of marine forms, compared to which the number and variety of forms that have taken to an aerial habitate, are insignificant. Now here is the pregnant consequence of this marine pedigree of life:

All animal forms that have appeared since the most hoary period of earth's career, even to those which had been able to emigrate into fresh waters or live in the air, are proven to have retained a blood plasma, the mineral composition of which is extremely akin to that of sea-water itself. Thus, it looks as though all living species had carefully taken away with them a fraction of the ocean, which still lingers in their tissues.

Therefore, are we compelled, according to Quinton's own expression, to view, "the living organism, as a sort of marine aquarium, wherein continue to live in the original aquatic conditions, the cells whereof it is built." Of course, it is all right in one way, to say that blood is thicker than water; but this hardly applies to sea-water, which appears to be the very blood of the planet. Therefore, when your grand thinker, Emerson, goes on saying:

"A ruddy drop of manly blood
The surging sea outweighs."

we cannot but feel that his poetic intuition somewhat failed him, and much regret that he should have died before Quinton's theory had been elaborated, as it might have been to him a source of refreshing spiritual inspiration. For is not this origin of oceanic humanity replete with meaning and poetry and well worthy of the highest lyric flight? Mermaids and tritons were our ancestors, and like unto them, we were born of the waves, according to Hellenic mythology.

Is not the beautiful fable of Venus from the surf, in all the splendor of perfected humanity, a symbol of the aim of evolution? Was not Proteus, the residing deity of transformism, the son of Neptune, and did he not drive the innumerable herds of marine forms in the silent depths of the ocean?

What if all this Greek symbolism were only a mystic veiling of a very ancient knowledge of some fundamental organic truth now revealed by Quinton's great work and keen insight?

Then, again, if we turn from high-flown views to practical considerations, we are at once struck by the character of fixity, evinced by the living cells throughout the zoological series, as they strive to maintain the integrity of the original marine medium. When we give it serious thought, it is truly stupenduous that notwithstanding the innumerable types of marine terrestrial and aerial forms, into which life has budded forth, from the earliest age to this day, the ancestral tendency should have suffered practically so little deviation. Apparently, life has learnt its lesson and is not likely to forget it. It knows enough of chemistry to concentrate or dilute the salts of old ocean, according to an invariable standard and even to maintain almost the temperature of the primeval great waters.

As to the animal species that have attempted to deviate from the ancestral teachings, they have either become extinct or are fast disappearing. The way of the transgressor is always hard.

Although the transformist hypothesis, such as Lamrack and Darwin, have propounded it, be but a very small department of the real universal evolution, most of its tenets are pretty generally accepted nowadays. But the new principle, as worked out by Quinton, that of the immutability of the internal saline medium, is of far greater importance. If life appears to be mobile and plastic, and shifting, with regard to external forms, the stability of the internal medium, within the sacred precincts of the living cells, is firmly rooted in the inherited memory of nature. The prodigious ascent of man, from the ocean's cell to his present stature, makes Darwin's monkey look very silly.

This law of the invariability of the conditions of elementary life is one of incalculable significance. Lo, and behold! over and against the unlimited liberties taken by the everchanging morphological aspects of life, the very delight of the transformist student; over and against the kaleidoscopic versatility of the outward vehicle, there looms up in sharp contrast, a rigid dogma, that of fixedness of the physiological substratum of all organic life.

What, if after all the dimly conscious intelligence that rules the life of the cells were the key to the mystery? Would not ultimate analysis show that there can only be One life and One intelligence? Either it be manifested in the cell, or in the planetary or the solar orbs, sown throughout the unlimited fields of space, life is one and the same. Are not the infinitely great and the infinitely small interpenetrating each other at every turn, in every direction, on all planes of being, thus confounding our feeble minds? Such, nevertheless, is the law that rules the waves and the heart beats of man alike. Animal life shall be carried on within a marine medium or it shall not be at all. The transgression may not be immediately fatal, but disease is invited and death the conclusion unless a return to the natural status be instituted in time.

Many and interesting are the experiments adduced by the fertile mind of Quinton in support of his theory; but none, perhaps, have been of more convincing character and telling effect than the one I am about to relate.

Here is a dog in full health. It is bled almost to death. To all appearances the animal seems to be beyond recovery. At this critical juncture isotonic sea-water is injected into his veins. As if touched by some magic wand, the animal begins

to breathe again, the heart revives; now the animal is stirring; in a few minutes it gets on its legs again, wags its tail and runs about the laboratory, apparently unconscious of the appalling danger it has incurred. A few days after the experiment, the animal shows extraordinary vitality; its blood, upon analysis contains a larger proportion of haemoglobin than before. It may be objected that an ordinary injection of the so-called artificial serum (that is, a solution of chloride of sodium into the water in the proportion of 7 per 1000) would have had pretty nearly the same result. Such is not the case, however. It is well known nowadays that large injections of artificial serum are followed by a dangerous retention of the chlorides into the system, amounting to a real toxication, and that generalized œdema is sure to follow in the wake.

Quite recently Dr. Rossle, of Berlin, has reported two cases of death supervening after rather large injection of artificial serum (about one liter) had been practiced. No such danger could ever be incurred with sea-water injections.

Now this is easily explained when we bear in mind how exquisitely sensitive the living cells show themselves to be with regard to the slightest change in the chemical medium wherein they are called upon to live.

Some people might think that sea-water is not far different from a solution of salt water, but this crude notion is very wide of the truth. Sea-water is much more complex than it appears at first sight. It is not merely a solution of various salts; besides a few saline constituents, it is shown to contain in a state of extreme division, seventeen (17) metals and metaloids, among which boron, bromide. iodin, arsenic, copper, lead, zinc, silver, gold, strontium, caesium, rubidium, etc. But the remarkable thing is that all of these constituents are found in exactly the same proportion in the fluids of the human system. It is to be supposed that each of these bodies, some of them quite rare in nature, play a part, exert some recondite influence upon our cellular life. The whole secret of the wonderful effects of sea-water injections applied to the diseased human organism, may reside in the presence of these precious metals, in almost infiinitesimal proportions, and endowed, therefore, with obvious radio-active properties. This is distinctly Quinton's conviction, and he admitted it frankly in a private conversation I had with him. I shall press this matter no further; a hint to the wise is enough.

It may, therefore, be claimed that sea-water injections act, not so much by virtue of their saline constituents, as through their dynamic properties. At all events, every attempt at preparing artificial sea-water has met with lamentable failure. E. P. Lyon evidently thought he had solved the probem, when having evaporated a certain quantity of sea-water, he dissolved again the salt thus obtained into an equivalent quantity of distilled water. There was a saline solution, indeed, apparently identical with the original sea-water. To test the matter he deposited into the solution, fecundated sea-urchin eggs, but these soon died. Evidently the solution lacked some essential imponderable element, which sea-water possesses.

Another telling experiment is that performed upon the leucocytes. It is well known that the white globules of the blood are very exclusive and reticent micro-organisms, sternly refusing, it was thought, to live in any fluid medium but the blood or lymph plasma. Well, Quinton quicky prevailed upon them to live quite comfortably in tepid sea-water; only the latter must be made isotonic with the blood plasma that is brought to the same degree of molecular concentration, which is easily done by mixing two-thirds of pure fresh water with one-third of sea-water.

When we bear in mind the extraordinary sensitiveness exhibited by the living cells, even to those endowed with a lower degree of vitality, to the slightest variation of the chemical medium, wherein they are wont to live, we are quite safe in considering the above test as final.

We are now prepared to understand what we can expect from sea-water in its application to the healing art. Let us consider the subject first from the theoretical point of view. If the principle be true that isotonic sea-water is the exact counterpart, prepared by cosmic hands, of the vital fluids circulating in our system and bathing our tissues at large, we should be able to inject almost any quantity of it into a living creature, animal or human, without exciting any, or little functional trouble.

That such is the case no reasonable doubt can be entertained. While even moderate injections of artificial serum may bring about a sort of experimental œdema, through retention of chlorides in the system, Hallion, Quinto and Julia have shown that if isotonic sea-water be used, a much larger quantity, therefore, will be easily tolerated, no œdema, no, retention being created. Moreover, it has been conclusively shown that if isotonic sea-water be injected into a healthy dog, so as to regulate the influx upon the rate of the animal's urinary elimination, it is possible to drive into the canine organism, twice its own weight of isotonic sea-water without inflicting any symptoms of saline retention.

Better still, suppose you have started injecting artificial serum into the dog and the consequent saline retention and œdema have made their appearance; if you now substitute isotonic sea-water for artificial serum and watch the results, little by little you shall see the œdema disappear and an abundant discharge take place, showing the renal equilibrium to have been regained.

We now easily understand the logical sequence whereby Quinton's practical mind was led step by step to the therapeutic application of his great discovery. Here was at last found a truly natural serum, the only one that could boast of mirroring without a flaw, the mineral constitution of the human blood plasma, and shown, by repeated experiments, to be consonant with its chemical life, utterly congenial to its inner receptivity. What an admirable foundation for human solidarity, altruism and social fraternity!

Truly the world owes a great tribute of praise and thankfulness to the unassuming and sincere man of science, who has brought Father Ocean so close to our hearts, binding it to the human race by ties of ancestral love; to the man of untiring study and fearless expression, who has revealed to his brothers the magic touch of cosmic life that thrills throughout the formidable reaches of the "Briny Deep," and made available to all by means of a simple method, the inexhaustible fund of redeeming energy, its abyssmal bosom holds in reserve for our waning functions and depleted organs.

Surely shall those minds that are inclined to philosophy and spiritual speculation gratefully welcome this new Columbus, for having thrown open a new world of thought to their ingenuity and fond musings; for having asserted the irreductible worth of conscious life throughout the length and breadth of organic nature, as embodied in the hard and fast principle of mineral stability of the living cell; a stability which bears the seal of the answering fixity of purpose, characteristic of the Infinite mind.

What if it began to dawn upon the spirit of modern science that geometry and the secret magics of numbers might be hidden at the core of all things human and divine, being the formula of beauty, as well as the law of harmony, the principle of all justice as well as the soul of the irresistible gulf stream of cosmic love, that carries onward each and every living creature on the crest of its waves! What a grand theme for a Walt Whitman to have developed!

Now, think of the manifold and comprehensive applications of this principle to the letters and the arts, to ethics, even to politics, and imagine what a marvelous side-light it throws upon the origin and destiny of man.

Once more do we stand face to face with the two great principles of transformation and tradition, which underly the radical energies, necessary to the unfoldment of social as well as the individual life.

Now we hear the question, is the practical application of the plasma to the diseased condition of man going to be equal to the expectations raised by the theoretical aspect of the discovery? With no uncertain sound comes the answer in the most unqualified affirmative. Listen to this extraordinary tale:

It appears, from reliable statistics, that fair France, so mild in other ways to her children, suffers an annual loss of 70, 000 babies through the dreaded gastro-enteritis of the new born. It is truly pitiable. The little ones become rapidly unable to take nourishment, their vital fluids are drained off and death supervenes through sheer inanition. A tale of woe not unknown in this country.

Here it is that the marine plasma asserts its almost incredible superiority over all other forms of medication. Here is the true field of its triumphant beneficence. The physicians, who have witnessed the results obtained, in cases that seemed beyond redemption, express themselves in terms of enthusiastic admiration. Truly, the effects of isotonic sea-water upon the infantile organism in all cases of green diarrhœa, cholera infantum, or whenever there is a rapid falling off of vitality through loss of bodily fluids, is little short of miraculous. And then, most of the time all that is required to bring about this astounding cure is one single injection of ten grams (10 cubic centimeters); a few hours after treatment the child is a different creature; it takes the breast again and thrives. Seldom has another injection to be resorted to. The effect upon the popular mind can easily be imagined.

The first public dispensary was founded by Quinton in the French capital, March, 1907. It was organized so as to perform 200 injections every morning. But it was soon found to be insufficient, and now a second one has been instituted, wherein 500 injections are given every day. A numerous medical staff superintends the work and society ladies flock in, eager to offer their services. In December, 1907, 6,494 injections have been practiced and the rush upon the dispensary is only at its inception.

The men in power, I mean the chief exponents of official medicine have tried to be sceptical, as ever they shall, when confronted by some discovery that does not proceed from their holy bodies. And this man Quinton, like unto Pasteur, however, is not even a physician. Think of it! What right has an intruder to take it into his head to cure the sick? This privilege belongs to the faculty alone and only the approved methods, of course.

But the powerful current created by the miracles performed every day in the Marine Dispensaries, proves to be too much even for official scepticism and reticence. The women, the mothers of France, are in a fair way to win a signal victory in favor of honest, liberal, independent therapeutics. It is only fair to state, however, that the "Academy of Sciences," of Paris, has received with kindness a fine paper by Prof. Dastre, expounding the whole scope of Quinton's theory.

But to return to our plasma; if the marine plasma had achieved only that one result, that is, to save 80 per cent. of all babies afflicted with bowel trouble, its claim upon popular gratitude would rest upon solid ground indeed. Even if the method should prove ineffectual in all other morbid afflictions, its undoubted capacity to save 60,000 precious lives year in and year out, would entitle it to the highest praise throughout the civilized world.

But let us halt a while and ask ourselves, how is this wonder accomplished? What is the philosophy back of this resurrection which makes the Parisian mothers stand in awe and adoration before the humble scientist, who is frequently compelled to evade the surging crowds of admirers when he happens to be recognized in the streets? You might think that we are all at sea in this respect. Well, the explanation of the miracle lies in the magic touch of the elemental life of the ocean to the life of the child.

Like unto the touch of steel to flint, it quickens the old abysmal life buried within his shrunken

and depleted organism as it lies helpless in its mother's arms, wakens the dormant energies smothered under the countless strata of bygone evolutive processes and without effort and without hesitation the dying child comes into his own again.

Those who have read Jack London's superb dog story, "The Call of the Wild," will understand what the call of the wild really means; a return to first principles, a harking back to primordial emotions. The book is written with the blood of truth, fierce and thrilling. Well, it is the call of the wild that saves the child.

The dim past behind him is suddenly made to throb and surge in a mighty rhythm, and the old, old song of the ocean, which rocked his primeval dreams, finds voice again in the rush and the swish of the blood stream as it courses along, distributing the kiss of renewed life to the many trillions of cells whereof his body is built.

It all comes of the great fact that we are much older than the days we have seen and the breaths we have drawn, much older than the hills. It also comes of the yet unrecognized fact that our individual lives are the circumscribed synthesis of the abiding reserves of elemental life throbbing throughout earth, air and water

The elemental life of the ocean, we begin to appreciate. We have succeeded in capturing a feeble part of its boundless energy.

Now the wise ones who live in close touch with nature know in some vague way the feeling of invigoration and renewed health that comes of the prolonged contact with the soil; this is cellular elemental life. The old fable of the Giant Antaeus, who could only be overpowered when lifted above contact with mother earth, goes to show that Greek mythology knew more than it cared to say and more than we do of the vital secrets of nature.

Then, again, all of us who have been fortunate enough, of a fine, warm summer day, to stroll along a pine wood on the hillside, dreamily listening to the aeolian melodies whispered by the passing breeze through the millions of vibrating pine needles, cannot help having experienced a delightful sense of larger breathing power; of increased strength, as it were of a higher tide of life.

Now the reason of this is that pine needles have learned the secret of distilling a few waves of the great ocean of elemental life that surges throughout the vast sweeps of the etheric realms. What we know of those mysterious agents is ridicuously little, yet we feel they assist, that they encompass us on every side as they quiver and thrill in our yet blunt, dumb, irresponsive bodies.

Do you now begin to understand the cosmic bearing of Quinton's discovery? If we only knew how to draw unto ourselves and build into our tissues some of the superfluous overspilling of the mighty ocean of elemental planetary life in which we are immersed, we would be giants, indeed, and the scope of our individual usefulness developed to an incredible degree. This, however, shall be the work of the near future. Let us hope so, at least. Now allow me to unfold before you the vast field of beneficence of the new method.

Most of skin diseases, chiefly eczema, fall within the sphere of activity; likewise varicose ulcerations, so rebellious and obstinate, the bane of the surgeon. Rickets are very favorably modified. Many known forms of medication, have rapidly yielded to the plasma. Stubborn constipation is frequently vanquished. This alone would prove to thousands an incalculable boon.

Chronic paludism, typhoid fever, have been treated with success; as well as many cases of digestive auto-intoxication. In that respect it is only fair to cite cases of obscure appendicular trouble, where prompt relief was afforded.

Need I say that great hopes have been raised in the treatment of the arch enemy, tuberculosis? Remarkable cures have been reported, and yet, also, some cases may have been unfavorably affected. Personally, I have treated only one single case of incipient tuberculosis. The subject was a young Spanish lady. Both summits were tainted, the right one more particularly, where a few moist, crackling rales could be detected. After fifteen injections an apparently perfect cure was effected.

The question is not settled yet. No doubt exists, however, concerning the cutaneous form of the disease. In fact, Lupus heading the list, we may take it for granted that any form of morbid condition of the skin shall be brought under speedy control by the marine treatment. The ladies will have a happy smile when I say that acne, freckles, and even wrinkles are promptly taken care of. Generally one of the first effects noticed upon patients under treatment, is the rapid improvement of the complexion, the oily condition of the skin being readily removed. The reason thereof, is plain enough, the skin being the chief way out for the toxins of the system, and sea-water being a wonderful help in all forms of toxication.

One of the most remarkable cases of cure, however, and such as will raise great expectations in the treatment of generally very hopeless forms of disease, is the following one, cited by Dr. Robert Simon, of Paris; it was a case of chronic nephritis, with the wonted diminution of renal permeability to the chlorides and a consequent œdematous condition of the integument. According to the accepted theory of treatment, based mainly upon the suppression of the chlorides from the diet, it was rather paradoxical to try the marine plasma. Dr. Simon proceeded, of course, with the utmost caution, feeling his way by means of daily urinary tests. The patient was forty-eight years old, of alcoholic habits, and had been ailing with brightic symptoms for the last six years The main symptoms were generalized œdema, pronounced dyspepsia, insomnia, five grams of albumen. Under the marine treatment, after the second injection, a marked improvement is experienced, the œdema begins to recede, the urinary secretion is increased. The treatment is continued at the rate of two hundred gram injections every three days, and after twenty-three days the œdema had totally disappear-

ed, the scale showing that the patient had lost twenty pounds of bodily weight, owing to the disappearance of the œdematous fluid. The patient now breathed easily, slept well and could walk about the ward. Those who are familiar with the difficulties besetting that class of diseases, will agree that such a result is truly wonderful.

Another large class of patients that may expect relief and cure from the marine treatment, is that of the neurasthenic affections. Whatever theoretical conception we may form of neurasthenia, we all agree upon a certain set of symptoms, which we have learned to consider as characteristic, viz., insomnia, or sleep troubled by nightmare, lack of bodily strength, digestive perturbation, headache, inability for mental work. All of these symptoms are readily ameliorated and frequently removed by the marine plasma, insomnia being the first to be modified.

Now here is a point wherein the surgeons may find their benefits; all suppurative conditions, whether of the integument or of the internal organs, such as boils, ulcerations and abscesses, are rapidly influenced. This beneficial result is more marked, however, in scrofulous affections of children, where the effects are little short of marvelous. It can be safely stated that in all pre-tubercular affections the marine plasma exerts great healing power, and bids fair to render invaluable service.

I have personally been experimenting upon the plasma, for the last two years, with a noble measure of success, and by way of illustration of what it can accomplish in the line of internal suppuration, I beg to submit the following case from my own practice:

A Belgian nobleman, Baron A., about 46 years old, came under my observation last winter; he was ailing with a severe form of infectious influenza, in the course of which he developed pleuro-pneumonia of the right side. This, however, was getting under control, when a new pneumonia area developed in the lower left lobe. The patient's strength being at a low ebb, the latter pneumonic process never resolved properly, and after a time a large pulmonary abscess was established. The general condition of the patient was very critical; marked dyspnœa and paroxystic fits of coughing troubled him day and night, and the temperature, which of late had been hovering around 104, threatened to climb higher. A surgeon was called in, but refused to operate, considering the case as hopeless. Fortunately, at this juncture a large vomica took place, which relieved the patient very much, but the resistance of the organism was pretty nearly exhausted, and there he was with a pulmonary suppurating cavity, in a very perilous situation, indeed. Then it was I bethought myself of the marine plasma. I gave an injection of 100 grams every other day. Even after the second injection the patient noticed an improvement, which steadily asserted itself. The purulent expectoration and the cough diminished right along; the temperature gradually fell to normal; the appetite and strength returned, and six weeks after the first injection a cure was affected. One of the remarkable features of the case was the rapid disappearance of a pronounced clubbed shape of the finger-tips of both hands, which had become quite noticeable during the evolution of the pulmonary abscess.

This case, of which I only relate a brief outline, I propose to report in full in another paper, as it carries with it a vast significance. On the other hand, gynecologists will be interested to hear that almost all of the painful symptoms connected with functional uterovarian perturbations, and which may be more or less ascribable to some special form of toxication, are readily removed by the plasma. There is a class of women, wherein the following symptoms are always found associated, dysmenorrhœa, constipation, migraine. There may be found, concurrently, a more or less pronounced anæmic condition, and not infrequently some degree of enteritis. This is the favorite field for the plasma to do its good work.

I have said enough, I think, to show the vast sphere of activity, in which the isotonic sea-water may find its application. It is sufficient, it will be acknowledged, to deserve serious consideration from all practitioners, really desirous of helping their patients, no matter what pathy they belong to. And the end is not yet. The method has only entered its clinical phase since three or four years and this at the hands of a limited number of pioneer physicians of Paris and the provinces. Many new applications may yet be found, and quite recently experiments have been tried in gouty and rheumatic cases, in sciatica, whooping cough, etc.

I cannot help feeling that all catarrhal affections, and mostly those of the aerial passages, nose, throat, middle ear, and bronchial tubes, which are so rife in this country, would find in the plasma a new and powerful help.

At all events, the method has come to stay and is bound to assume a commanding position in therapeutics.

Only a few words remain to be said with regard to the preparation of the marine plasma; ocean water alone is to be used. The supply is inexhaustible. Only this sea-water is to be captured away from all source of pollution, as far as possible from shore, and at a depth of, at least, twelve yards, in order to avoid the superficial bacteria colonies that may be afloat. This water should be collected into sterilized glass jars, filtered upon absorbent cotton first, then through porcelain filters, carefully sterilized. Then it should be rendered isotonic with the blood plasma. In order to effect this important step of the operation, one-third of sea-water is to be mixed with two-thirds of a very pure and light spring water, say, Poland water, for instance, carefully filtered as above. And during these various processes, the water should be kept as cool as possible. Now all that remains to do is to draw it up into special sterilized bulbs, the extremities of which are immediately sealed.

Under no consideration, should the water thus prepared, be sterilized by boiling or by the auto-

clave process. Not only does sea-water, thus treated, lose its therapeutic properties, but it has been shown to have become toxic. This appears quite paradoxical at first, but it should be borne in mind that the marine plasma is not at all a simple saline solution; to all intents and purposes it is and behaves like a qualified living solution and it has to be treated as such.

It will not keep more than two or three weeks; that is, if used after that lapse of time, it will retain little or none of its activity. It will keep better if placed in a cold medium, in an ice-box, for instance, just as you woud keep meat or fish, or any animal food.

The technique of the hypodermic injection, the dose, the frequency of repetition, are not for present consideration. There has been published in France sufficient literature on the subject and I think some of the leading periodicals in this country have, to a certain extent, approached the subject, but with little success apparently thus far. I do hope to have better success. Let us sum up our conclusions:

Truly, they are startling and a new world opens before our eyes. A new message of love and redemption comes to man and it sounds forth from the great deep. Man, on a par with his lower brothers, now appears on the world's stage as a colony of oceanic cells, a manner of saline aquarium, endowed with motion and conscious life, wherein breathe, act and react the various powers constituting its individuality. Each of us carries along in his own inner little world a small sea, amounting to a third of his body's weight, whose tiny rippes beat with measured rhythm against the shores of our organs. Yonder girl, who tips the scales at 120 pounds, bravely harbors in her dainty anatomy, 40 pounds of Atlantic surf.

Now, gentlemen, I am fully aware that I may appear in the light of a man bent upon delivering himself of a huge fish-story. Here is Prof. A., I heard it said, "He has a whiff of the salt and we get it." Yet not one assertion have I put forth but that is abundantly supported by a mighty array of experimental proof and counter-proof.

A truly democratic notion, indeed, does the Quintonian theory convey, since we all can claim blue blood, from the same Neptunian breed; a fraternal basis from which all of us are raised to the dignity of old salts. What a body blow to overbearing pride and individualism! How empty the boast of nobility and how near the crusaders seem to us!

It should be well understood that we have no longer to deal here with a specific serum, calculated to exert its specific energy against one particular microbic cell and its toxins. It is a different theory from that of Pasteur. This marine serum is not a war engine, bent upon the destruction of this or that pathogenic micro-organism. It is a sort of pabulum vitæ, meant for the benefit of the living cells of our tissues at large; a sort of cosmic food, needed mostly, however, at both extremes of life.

Now the proof of the pie is in the eating. Likewise, the final proof in medicine is the clinical test; the thing that does the work safely, surely and pleasantly (Tuto, cito and jucunde), according to the old Hippocritic saying, is the thing we want.

Well and good, but should we not accept so many altering promises with, at least, one grain of salt? Does Quinton's method, applied to the treatment of human ailments, really fulfill the theoretical assertions made on its behalf?

Yes, it does fulfill the promise and will do more in the future. It is not an empty boast to say that the medical fratenity the world over is hereby presented with a new weapon to wield in their secular struggle against disease, suffering and death, a weapon as old as the hills; nay, much older, but which, until now, had only been used in a vague climatic way; a weapon of admirable worth and pointednes, by virtue of its simplicity, directness and innocuity; a weapon, finally, whose intrinsic value is so great and so general that it stands neutral between warring schools and clashes with no ism, sect or pathy.

Like unto the sun, it shines with equal force upon all medical schools, hurts none and benefits each and all of them. This is no mean claim to lay, as well as clerical consideration, and will, I hope, secure a hearty reception of the method at the hands of the whole body of practitioners throughout this progressive land.

Nevertheless, it should not be forgotten that it was through the French mothers that Quinton's method first attained popularity in Paris and the provinces. Is it not high time for the American mothers to awake to a sense of their duties and accept the beautiful rose plucked by France from her scientific garden and presented to them in the guise of these glad tidings! Shall they not reach "Thanks?" I expect shortly to address as large a body of ladies as I can gather together here and in New York and trust they will take up the good work.

This is a proud moment of my life when it is my good fortune to bring this fair message of hope to physicians, women and children of America, "The salt of the Sea to the 'Salt of the Earth.'"

Societies.

REPORT OF COMMITTEE ON PHARMACOPŒIA, AMERICAN INSTITUTE OF HOMŒOPATHY.

Mr. President and Members:

Your Committee on Pharmacopœia has had an eventful year. In our last year's report to the Institute we expressed the hope that the pure food law might be amended by the next Congress, so that "the Homœopathic Pharmacopœia of the United States shall be the standard for all the preparations of the homœopathic pharmacies"

In pursuance of this object your chairman prepared the following amendments:

To amend sections six and seven of the food and drugs act of June 30, 1906, as follows:

Amend section six by inserting after the words "or National Formulary" the words "or in the Ho-

mœopathic Pharmacopœia of the United States," so that the section as amended shall read:

"Sec. 6. That the term 'drug' as used in this act shall incliude all medicines and preparations recognized in the United States Pharmacopœia or National Formulary or in the Homœopathic Pharmacopœia of the United States for internal or external use, and any substance or mixture of substances intended to be used for the cure, mitigation or prevention of disease of either man or other animals.

"The term food as used herein shall include all articles used for food, drink, confectionery or condiment by man or other animals, whether simple, mixed or compound."

Amend section 7, first part, by inserting after the words "or National Formulary" wherever they occur, the words "or in the Homœopathic Pharmacopœia of the United States," so that the section as amended shall read:

"Sec. 7. That for the purposes of this act an article shall be deeemd to be adulterated:

"First. If, when a drug is sold by a name recognized in the United States Pharmacopœia or National Formulary or in the Homœopathic Pharmacopœia of the United States, it differs from the standard of strength, quality or purity as determined by the test laid down in the United States Pharmacopœia or National Formulary or in the Homœopathic Pharmacopœia of the United States, official at the time of investigation; provided, that no drug defined in the United States Pharmacopœia or National Formulary or in the Homœopathic Pharmacopœia of the United States shall be deemed to be adulterated under this provision if the standard of strength, quality or purity be plainly stated upon the bottle, box, or other container thereof, although the standard may differ from that determined by the test laid down in the United States Pharmacopœia or National Formulary or in the Homœopathic Pharmacopœia of the United States."

These amendments were introduced into the Senate by the Senator from New Hampshire (Dr. Gallinger), and in the House of Representatives by Hon. John Dalzell, of Pennsylvania. They were known as Senate Bill 42 and H. R. 6089.

On January 17, 1908, a hearing took place before the Committee on Interstate and Foreign Commerce of the House of Representatives on H. R. 6089, at which your chairman and secretary, with the aid of Dr. J. B. G. Custis presented the reasons for a favorable report on the amendments. We were opposed by Dr. H. W. Wiley, chief chemist of the Department of Agriculture. The full time of the committee was occupied and no vote was taken.

On March 27, 1908, at a hearing before the Senate Committee on Manufactures, Senate Bill 42 was reported favorably and was passed by the Senate of the United States.

Your committee made every effort to secure a favorable report from the House Committee, but unfortunately, could not convince the member to whom the bill had been specially referred.

* * * *

The following State societies have endorsed the Homœopathic Pharmacopœia of the United States as the standard: Massachusetts, New York, Pennsylvania, Rhode Island, New Jersey, Kansas, Illinois, Minnesota, Wisconsin, Louisiana, Vermont, Connecticut, Iowa, Oklahoma, Ohio, Maryland, Michigan, Maine, and Oregon, and Nebraska.

These make a majority of the State societies that are in active operation, and contain over 75 per cent. (according to the report of 1907) of the membership of all the State societies.

* * * *

Feeling that the time has now arrived when the homœopathic profession of the United States should demand of the various pharmacists this uniformity and scientific accuracy in the preparation of homœopathc remedies, your committee would offer the following resolutions:

Resolved, That in order to obtain the benefits of the uniformity of preparation which the pharmacopœia secures, and at the same time to give homœopathic pharmacists further opportunity to comply with the obvious demands of the profession, all homœopathic pharmacists are requested to prepare their remedies on and after January 1, 1909, according to the Homœopathic Pharmacopœia of the United States, and to state the fact that they are so prepared upon the label placed upon the box, bottle or other container so that physicians may know the official preparations of Homœopathy from the numerous unofficial remedies of varying strengths that have hitherto been in use.

Resolved, That physicians are urged to demand of their pharmacists remedies prepared according to the Homœopathic Pharmacopœia of the United States, so that, with remedies of a known, uniform strength, we may have a more scientific and useful literature.

Resolved, That copies of the above resolutions shall be sent to every homœopathic pharmacist and to every homœopathic college, hospital and medical society in the United States.

Resolved, That the American Institute of Homœopathy—the national society of the homœopathic medical profession of the United States—in meeting assembled, would respectfully demand of Congress, when it again assembles, the passage of an amendment to the food and drugs act which would add the words "or in the Homœopathic Pharmacopœia of the United States" after the words "National Formulary" wherever they occur in the law. We would demand this in order that the standards in the food and drugs act may be made complete by providing for the uniform strength and preparation of nearly three hundred fresh plant tinctures which are at present unprovided for, and also that justice may be done to thousands of physicians whose scientific remedies are classed among the proprietary or quack remedies.

Resolved, That the Interstate Committee and the Committee on Medical Examining Boards and Medical Legislation be instructed to render all possible aid to the Committee on Pharmacopœia to secure the passage by Congress of the proposed amendments to place the Homœopathic Pharmacopœia of the United States in the food and drugs act.

Respectfully submitted,

T. H. Carmichael, Chairman.

Medical Century.

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AUGUST 1, 1908

Editorial.

WORK FOR COUNCIL OF EDUCATION.

There are in the American Institute of Homœopathy some 2,200 members, which is only one-sixth or one-seventh of the total number of homœopathic physicians in the United States.

The writer has kept a card catalogue of the Homœopaths of the United States, making monthly corrections. He has over 12,000 verified names and over 1,500 names, graduates of our colleges, and, presumably, either retired, not practicing, or engaged in other pursuits. The claim of 12, 000 to 14,000 homœopathic physicians in the land is one that cannot be successfully controverted.

Probably only fifty per cent. of these have any society affiliations whatever. Take, for instance, the State of New York; there are, roughly, in that State, 1,450 homœopathic physicians, of whom 700 belong neither to the Institute, State society, nor county society. They rely on the monthly visit of some one of our periodicals, which contains, besides the articles on medicine, the news of the field. It is among the non-Institute members that most periodicals have their largest subscription list.

Is it possible to stimulate these unaffiliated physicians to an interest in the Institute? We hear it bemoaned that many of our ranks are joining the A. M. A. This is a man of straw; the number of homœopathic physicians who have joined the A. M. A. in the last ten years is really insignificant one and our ranks are strengthened rather than weakened by the removal of such deadwood. A Homœopath who would join the A. M. A., giving up all his principles, should no longer be counted as a Homœopath—and if he retains membership in our societies, he should be promptly expelled therefrom. Those who attempt to affiliate with both systems are in the business for revenue only, they are our barnacles and are fully as much scorned by the members of the A. M. A. as they should be by us, though we will be told how much liberality was shown them by their old school brethren, how they were patted on the head, etc.

We believe that there is an important work to be done by the Institute, through the Council on Medical Education, which has the propagandistic work in hand as well.

In the fifteen consecutive years that the writer has attended the Institute, the increase in the total membership has been 547. Each year there has been a Committee on New Members, with sub-committees out, and it has done good and hard work to induce the 10,000 non-Institute members of the profession to come in, and failure has been the unvarying result; in fifteen years the increase has been 547.

During these fifteen years there have been graduated from our colleges over 5,000 homœopathic physicians. Why is it that these have not joined the Institute? One reason may be found in the fact that over half, 53 per cent., of the members of the faculties of the colleges from which they were graduated are not members of the Institute, at least the report of the Council on Medical Education which took its data from the records of 1907 so stated.

The work of the Institute through the Council and propagandistic board should be first directed, we believe, to getting new blood into the school, getting students for our colleges, educating the students of our literary colleges, and high schools in Homœopathy, and what the homœopathic field offers, and not leaving this work, as we have done for years. in the hands of the allopath next door,

While waiting for these to develop into Institute material we should keep after this extra-mural 10,000, but to get them, we should not waste postage, we should go after them; and we believe that it is the intention of the Council so to do.

The entire profession should co-operate with the Council in this great work. A very useful bit of information can be furnished by almost any physician living in a town where there is a high school, academy, college or university. Send to the secretary of the Council the names of the teachers, instructors or professors in the institutions who are homœopathic patrons. This, of course, not for publication, but to serve as a stepping stone to the getting of proper educational literature, into the hands of the proper students at the proper time. We believe a great campaign can be done in educating the students in our educational institutions.

Further, the Council can be aided greatly in its

work if the secretaries of all our societies, both great and small, would send to the secretary of the Council, programmes, schedules, times of meeting, places, etc., of their respective societies. Indeed, the secretary would be very glad to have a list of the names of every member of every homœopathic society of the United States.

The Council expects to do energetic work for colleges and for societies and it can accomplish far better results if aided heartily by the profession.

FRANK KRAFT, M. D.

It is with the utmost regret that we announce to our readers the death of Dr. Frank Kraft, editor of the American Physician, Secretary of the American Institute of Homœopathy and Professor of Materia Medica in the Cleveland Homœopathic Medical College.

After the meeting in Kansas City of the Institute, of which he had just been elected secretary, this being his third election to the office, Dr. Kraft went to the home of his brother in St. Louis, hoping to gain a much needed rest and fit himself for the arduous duties connected with the editing of the proceedings. It was found when he reached there that he had a high temperature, and was on the verge of a collapse. In spite of the strenuous efforts of his physicians there, Drs. W. John Harris, Gibson and Luyties, his condition became gradually worse and he failed to rally, dying on the early morning of the 19th of July.

His untimely end will be mourned by a host of friends who are scattered over the entire world. He was only fifty-seven years old, but had been a partial invalid for over two years in consequence of a fall which was followed by a paraplegia. It was thought that he was gradually recovering from this however, as he was better able to walk recently than he had been, but his long illness had sapped his vitality and he had no reserve strength with which to fight disease. His final condition was one of uræmic poisoning.

For nearly twenty-five years Dr. Kraft had been a prominent figure in homœopathic circles. Before he studied medicine he had been court stenographer for the St. Louis courts, but later was connected with the railway mail service, in both positions showing exceptional ability. He began the study of medicine while still holding his place with the government, and completed his course at the St. Louis Homœopathic Medical College in 1886.

While yet a student, he found his place in the editorial field, having been in charge of the Periscope, a journal issued at that time by his Alma Mater. Following his graduation he went to Ann Arbor to assist Dr. H. C. Allen with the Medical Advance. Following his engagement there, he settled at Sylvania, Ohio, building up a large general practice. While here he was engaged by A. L. Chatterton to edit the then American Homœopathist, now the American Physician. This was in 1888, and for these twenty years there has not been a number of that journal which has not been full of his writings.

In 1890 he was called to the chair of materia medica in the Cleveland Homœopathic Medical College, and, with the exception of a few sessions, was on the faculty in that college up to the time of his death.

From 1895 to 1900 he was recording secretary of the Institute, and was elected secretary at the Atlantic City meeting in 1906, despite his absence from the meeting. He was re-elected at Jamestown and at Kansas City. He joined the Institute in 1886, the year of his graduation, and was its official stenographer during almost his entire membership. Few were better acquainted with its history, its members and its policies than he.

He was a member of the International Homœopatic Congresses of 1891, 1896 and 1900, and would have been at the Congress of 1906 had not his illness prevented.

Dr. Kraft was a man of retiring personality. It was seldom that he was heard to make a speech. His forte was with the pen. Few men were read by so many pepole as he. His journal was literally his own, so far as the reading matter went. Hundreds subscribed for it simply because they wanted to read what he wrote. His style of writing was unique, absolutely unlike that of any other medical writer. He was fearless and unswerving in his attacks upon that which he believed wrong. His motto at the head of his editorial page was one to which he strictly adhered: "Hew to the Line, Let the Chips Fall Where They May."

As a teacher of materia medica, he was decidedly original, using his own peculiar methods which served to impress the hearer not alone with the abstract facts which he was demonstrating, but with a belief in the earnestness and faith of the teacher and his own thorough belief in those facts. So he impressed his hearers with his strong conviction that in the law of the similars there is a scientific reason for the prescription of remedies. And he practiced what he preached. One of his colleagues in his home city told the writer that he often called him in consultation in medical cases, and his prescriptions were at once unusual and unerring. He seemed to

have the faculty of sifting out the chaff and saving the grain.

It is almost customary to say of a man who has passed away that he will be missed and his place will be hard to fill. We say it of Dr. Kraft with more than ordinary meaning and emphasis. His place *will* be hard to fill. He was a man of many parts, and to each part he brought a strong determination to do well his duty and to leave his task not only accomplished but a guide for his successor.

His funeral services occurred from the home of his brother, being in charge of the Masons, of which organization he had been a member for many years and one of the highest rank. At these services Dr. James A. Campbell, a life-long friend, made an address, which we consider a privilege to present to our readers.

Friends, we are assembled here to pay tribute of love and respect to our friend and colleague, Dr. Frank Kraft. To mourn with those who mourn and grieve with those who grieve over the passing of this lovable and brilliant man, whose whole life was so full of work, so full of promise, so full of success in the directions he labored, so manfully and so strenuously. We may, indeed, with truth, say, that here lies another victim of the insatiable demands made by the world upon those who can and will. Surely, no better example of ability, ceaseless, unrelenting industry has ever come before us. We who have known him from his boyhood days can bear testimony to this.

When, three years ago, he met with the accident which resulted in the paralysis of his lower limbs, it was thought by some that his days of usefulness were gone. In physical helplessness, in constant pain and in mental anguish, dreading a possible interference with his plans and work, he fought on, seemingly, with added zeal. And the amount of work he accomplished since then, in spite of this terrible calamity, has been simply phenomenal. For the last two years he has been secretary of the American Institute of Homœopathy, editing and arranging the annual issue of its proceedings, which last year alone was a book of 1,175 pages. Think of the enormous work, the correspondence and interviews with the many interested in it. There it stands, a splendid monument to his industry and genius.

But this was not all, at the same time and for many years he was editor of the "American Physician," one of the best of our medical journals; and Dr. Kraft's editorials were always unique, brilliant, spicy and unequalled in their way. More than this, wonderful to relate, it was only three days ago that I received notice from the publishers of a new book on a most interesting topic, by Dr. Kraft. Think of these remarkable evidences of intellect, industry and toil under the most adverse circumstances.

That he has worn his poor body into dissolution and destruction who can doubt? But after all, is it not better to fall on the ramparts, in the forefront, with flag in hand and with a shout of victory in the air, than to be a forgotten and contemned skulker in the rear; to wear out in good works rather than to rust out in oblivion? Oh, my friends, what an example for emulation, for us to do our best while we can. Surely,

> "Lives of great men all remind us,
> We can make our lives sublime,
> And, departing, leave behind us,
> Footprints on the sands of time"

The sadness of such an event as this lies largely in the sudden breaking of the loving and friendly ties of near association. All of us feel this, saddened over the thought that never again shall we take his friendly hand nor hear his cheery voice. But it is the snapping of those nearer and dearer ties that makes the saddest and most discordant notes; and our hearts go out in sympathy for the dear ones whom he loved so fondly, and for whom he labored so willingly. And, yet, friends, when we think of his trials, his pain and anguish, which could not be ended in any other way, can they, or we, not truly rejoice to know that to him has at last come that peace and rest which was the only solution of the problem for him?

A few days after his return from Kansas City, I saw him prostrated and helpless, in pain, unable to sleep, exhausted, and yet not a word of complaint came from his lips. He was cheery and bright, full of his old-time wit. And when I last saw him, only a few hours before his fretted spirit left his tortured frame, he could not speak, but as I took his hand, his lips moved, but without sound; and, gasping for a few more breaths of earth's pure air, he looked at me through his trembling lids, not with eyes of fear, but with a brave, soft glance of friendship; and, as he pressed my hand, I knew that his battle was nearly over, and that peace and rest would soon be his; brave to the last.

There is no death; what seems so is transition.
This life of mortal breath is but a suburb of the life elysian,
Whose portal we call death, one less at home.

A sense of loss that meets us at the gate,
Within, a place unfilled and desolate;
And far away, our coming to await,
One more in Heaven,
One more at home,
That home where separation cannot be;
That home where none is missed, eternally.

H.

EDITORIAL BREVITIES.

The Controversy on Homœopathy.

The kind of treatment an honest Homœopath may expect from the American Medical Association is exampled in the leading article in this issue. Dr. Orme's reply to Editor Simmons' letter refusing his article is to the point. There is apparently no honest desire on the part of the allopathic school to hear of the facts of Homœopathy, and Podsnap Simmons has waved the whole thing aside as settled long ago. Dr. Orme nails his mendacious statements with such sound arguments that they clinch themselves in the minds of all fair minded

men. We commend this article to our readers, especially to those, if there be any, who have been invited to join the American Medical Association, and who have thought to accept the same.

Students in 1907-08.

Interesting tables were presented to the Intercollegiate Committee by the Council of Medical Education, at the recent meeting in Kansas City.

The State furnishing the most students to our homœopathic colleges in 1907 was New York, which sent 153 students; in 1908 there was a loss of 26, and Pennsyvania stepped to the forefront with a total of 138. Throughout the United States there is an apathy on the part of the profession in the work of securing students. Ohio, with 1,000 good homœopathic physicians, sends only 60 students. Illinois, with some 1,400 Homœopaths, sends about 100. New England, with 1,100 Homœopaths, sends about 100, and a large number of States having from 20 to 400 or 500 homœopathic physicians, send but 1 or 2 students to our colleges. We believe one reason for this indifference on the part of the physicians is that they are so prosperous and their practices are so large that they do not trouble themselves to look out for successors. It is almost impossible for a homœopathic physician to sell his practice to a Homœopath; he can find buyers in allopathic ranks, and we regret to note several instances of this kind, but the Homœopath does not have to buy; he has good fields crying for him everywhere.

Comparative Materia Medica.

Shortly we will begin the publication of a series of articles in which will be compared the uses of some of the more common remedies in the homœopathic school with those of the old school. These papers are in course of preparation by Prof. George W. Spencer, Cleveland, Ohio, and will, undoubtedly, be found very interesting, as well as instructive. In them he will discuss the curative qualities of the drug and show wherein the use of it differs or agrees in the two schools of medicine. The first paper is on Aloes, and will appear in the September number.

Editor's Table.

GENERAL NOTES.

Dr. Pliny R. Watts, of Sacramento, was elected president of the California State Homœopathic Society.

The New San Franciscan has a column article eulogistic of Dr. James W. Ward's administration as President of the San Francisco Board of Health. The doctor certainly did things, and set a pace that his old school successor has not been able to keep up with.

An endeavor is being made to form a tri-State homœopathic society on the Pacific Coast, comprising California, Oregon and Washington.

Dr. Llewella Merrow has located in Trenton, N. J. The doctor was formerly resident physician in Galen Hall, Atlantic City, N. J.

Dr. Byron G. Clark announces that until September 15th he will be in his office Tuesdays and Fridays only, from 12 to 1. Dr. E. S. Coleman has charge of his practice.

Dr. W. J. Hawkes has removed his offices to the Wright and Callender building, Los Angeles. The doctor was much disappointed in being obliged to give up the Institute meeting even after engaging his Pullman.

"Clinical Week" at the Boston University School of Medicine was an unqualified success. Two hundred and fifty tickets of admission were issued and a number were refused on account of lack of accommodation.

Dr. Jno. T. Palmer, of Portland, Me., is the president of the Maine Homœopathic Medcial Society, and Dr. Luther A. Brown, of Portland, secretary.

The Denver Homœopathic College has again changed its name, becoming the Denver College of Physicians and Surgeons, which we regard as a far weaker name than the old one. It certainly means less, whatever the reasons may be for the change.

Dr. Edw. Harper, of New Orleans, secretary of the Southern Homœopathic Medical Association, and Dr. V. H. Hallman, of Hot Springs, Ark., president of the same, have resigned their offices. Lack of co-operation, funds, list of membership and the fact that it did not seem feasible to meet in New Orleans this year are given as reasons. Drs. Hallman and Harper are great workers for Homœopathy, and must have met with absolute apathy to lead to such a step. We hope our Kentucky friends will not allow the Southern to die, but start a movement looking to a rousing meeting in Louisville in October. We will come and bring others, too.

Dr. A. L. Blackwood has been appointed by Mayor Busse a member of the Chicago School Board. Dr. Blackwood is a man fitted by temperament, training and experience to give valuable service as a member of Chicago's Board of Education.

Dr. H. D. Schenck spends August away from his office, resuming practice on September first. Dr. Charles E. Paine will care for his patients during his absence.

Messrs. Boericke & Tafel have given into the hands of their compositors the manuscript of a book of more than usual interest to the medical profession, namely, a translation of Rademacher's "Universal and Organ Remedies." The work is an abridgment of the original, taking in, as the title indicates, only matters of interest to-day, i. e., the universal remedies and the organ remedies. The late Dr. J. C. Burnett drew largely on Rademacher for many of his peculiar remedies that so greatly aided him in his brilliant and successful career. Many scholars have asserted that Rademacher is

really the primitive and pioneer Homœopath. This little book—it will run about 150 pages—will broaden the horizon of every physician who reads it and studies it.

Dr. B. S. Arnulphy, of Nice, France, who is revisiting America, presented a paper before the Clinical Society of Hahnemann Medical College of Chicago on July 10th, entitled "The Therapeutic Application of Isotonic Sea Water." We present the same to our readers in this issue.

Dr. R. Milton Richards, of Detroit, announces his removal to the gas office building of that city.

Dr. A. P. Williamson will retire from the superintendency of the Southern California State Hospital at Patton, California, on the expiration of the term of four years for which he was appointed on September 1, 1908, after which time his address will be Santa Monica, California.

The California medical law requires no examination in materia medica or surgery, but it requires a close knowledge of gynæcology, as the following question from the last examination shows: "Differentiate briefly between hæmatosalpynx, hæmatometra and hæmatocolpometra?" This protects at least the female part of the people duly and truly.

Hahnemann Medical College of the Pacific graduated a class of nine on May 21st.

Dr. Homer Irvin Ostrom will spend the summer on his beautiful Cape Cod estate, "Wonder-Strand." From the latter part of June until the first of October his address will be Waquoit, Mass.

We learn that the Hahnemann Hospital, of New York, has just acquired about a half a million dollars worth of property. This will make this hospital, which is the best managed and strongest homœopathic institution in New York, even stronger and better. The manageemnt is to be heartily congratulated.

Brother Huntoon, of the Iowa Homœopathic Journal, is an expert automobilist—minus the face. He has anything but that careworn expression of approaching danger so common in chauffeurs. It is really a pleasure to ride with him. We have ridden with Lee, Graham, Holloway, Sutherland, Kinyon and others and still live to tell about it.

Lea & Febiger, successors to Lee Bros. & Co., the Philadelphia publishers, announce a new edition of Gray's Anatomy, which will appear before the opening of our colleges.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D.

The hearts of our brethren have been made glad, indeed, recently.

Mr. Huennefield, of the Board of Directors of Bethesda Hospital, purchased and gave to that institution "Scarlet Oaks," the magnificent Schoenberger property, for hospital purposes.

The property is located in Clifton, one of Cincinnati's most beautiful and aristocratic suburbs. It consists of forty-five (45) acres of ground, fine drives, beautiful trees, and a magnificent old world castle mansion, standing on the brow of a hill overlooking beautiful Spring Grove, and commanding one of the finest panoramic views to be found anywhere.

This acquisition means much to Bethesda Hospital, Homœopathy and to Pulte College.

Bethesda Hospital is owned and controlled by the German Methodist Deaconesses' Association. It is national in its scope.

It has been organized but a few years, and now has the main hospital, maternity hospital, nurses' home, Rest Home and Farm, at Wyoming, a suburb of the city. Rest cottage, at Epworth Heights, has just acquired residence property adjoining the Maternity, is now building a modern laundry, heat and power plant adjoining the hospital, and now has "Scarlet Oaks," where, on the forty-five acres of ground, unlimited facilities for building are opened up.

At the present rate of speed, Bethesda, in a few years, will be one of the biggest things in a hospital way in the middle west.

We are glad to know the Institute took active steps to spread a knowledge of Homœopathy, to organize and to secure more students.

What is wanted above all else is more good students. There are hundreds of good openings awaiting them. Homœopathy needs them and must have them. It is up to the profession, individually and collectively, to get busy. The profession must get rid of the foolish idea that colleges are being run for the profit and glory of the professors and lecturers only. Could some of the grumblers know of the long, hard, weary grind, of writing, preparing lectures, lecturing, attending faculty and staff meetings, putting up money at times, preparing and sending out literature, and the thousand and one tasks necessary to the running of a medical college, their hearts surely would soften and they would pity instead of envy the college workers.

The work must be done if the school of medicine is to be perpetuated. Don't abuse and criticise the men who are laboring long and hard, yes, and conscientiously, too, to carry it on, but get down on your marrow bones and help. You need the colleges as much as they need you, so get busy!

OBITUARY.

Dr. E. G. Hubbard.

Larksville, Pa., May 14, æt. 29. Hahnemann Medical College, Philadelphia, 1905.

Dr. Mary P. Havens.

St. Johns, Mich., May 12, æt. 70. Michigan Homœopathic College, Lansing, 1873.

Dr. E. T. Tripp.

Lawrenceburg, Pa., May 4, æt. 28. Cleveland Homœopathic College, 1901.

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Materia Medica.

A Comparative Study of Aloes.

BY GEORGE W. SPENCER, M. D., CLEVELAND, OHIO.

In the section devoted to Therapeutics in the journal of the A. M. A., of April 18th, 1908, the following facts concerning Aloes are stated:

"The purgative principle of Aloes is said to reside in a principle called emodin, which is probably set free in the alkaline secretions of the upper intestine."

The active principle called aloin is less certain in its effects than purified Aloes.

Aloes stimulates the activity of the muscular coats of the intestines, thus increasing peristalsis, and this action seems to be principally on the large intestines.

The movements that Aloes causes are soft and dark colored and, ordinarily, not watery.

Aloes seems to have a predilection for irritating or congesting the rectum and causes congestion, generally, of the pelvic organs, therefore, it is inadvisable to use Aloes as a laxative when there are hæmorrhoids, rectal or colon irritation or inflammation of the pelvic organs, or in pregnancy.

Its stimulant action to the mucous membranes of the intestines, probably reflex, increases the secretion of the liver and pancreas and the intestinal glands. The griping caused by Aloes is referred to the umbilical region.

The most important therapeutic use for which it is recommended is as a laxative, on account of its especial action on the mucous membrane of the intestines. It causes a griping and congestion which necessitates combining it with other drugs that correct the unpleasant action, such as Belladonna, Colocynth and Hyosyamus.

Bartholow, Wood, Hare, and others, agree that Aloes is an efficient remedy in the following conditions:

(a) Simple jaundice of an atonic kind.

Homœopathically, Aloes or any other drug, is not prescribed for a disease bearing a special name, but for conditions expressed by symptoms and physical changes. In the above conditions, (a), the homœopathic indications are congestion of the head; headache across the forehead, with heaviness of the eyes and nausea; incapacity for mental work; gastro-intestinal irritation, with coldness of the lower limbs from afflux of blood to the cerebral centres; bitter, sour, metallic taste; tongue coated yellowish-white, stiff, dry and red; aversion to meat; thirst with dryness of mouth; eructations bitter, acid or sour; heaviness in the hepatic region; pulsation in the region of the navel; distention of the abdomen, especially with flatus.

The above homœopathic indications for the use of Aloes are found almost constantly in jaundice of an atonic kind.

(b) Constipation dependent upon weakness and impaired contractility of the muscular layers of the large intestines, indicated by coated tongue, foul breath, a tumid abdomen and impacted colon.

The above indications are distinctly homœopathic and need no comparison.

(c) Constipation of hypochondriasis and melancholia is best overcome by Aloes. The homœopathic indications for the use of the drug in mental derangements are anxiety; patient is ill-humored, hates people and repels everybody; vertigo, etc.

(d) In amenorrhœa Aloes determines an afflux of blood to the uterine system.

This effect can be produced only by a poisonous dose, therefore, it is not used in homœopathic practice in such a condition.

(e) Menorrhagia occurring in debilitated and relaxed subjects.

The symptoms attending a case of this variety which would call for Aloes, homœopathically prescribed, are fullness and heaviness in uterine region, with labor-like pains in loins and groin, worse standing; menses too early and too profuse.

(f) Fordyce Barker says that Aloes has a curative power in certain cases of hæmorrhoids and notably those which occur after delivery. This condition, he says, is not one of active hyperæmia, but really consists in a sluggish state of the circulation in the inferior hæmorrhoidal veins.

Barker also advocates the use of Aloes in non-puerperal hæmorrhoids; but says the local condition must be suitable for the use or the disease will be aggravated, that is, a sluggish state of the circulation in the hæmorrhoidal veins.

The recommendations for the use of Aloes in hæmorrhoids, are practically homœopathic for its use. Some of the characteristic symptoms and in-

*The first of a series of articles comparing the Materia Medica of the old school with that of the Homœopathic. Written especially for the Medical Century.

dications for the use of Aloes in hæmorrhoids, or any other disturbance of that portion of the alimentary canal, are, heat and soreness in the rectum; urging to stool, especially in the morning; hæmorrhoids protruding like grapes, with constant bearing down in the rectum; weakness or loss of power of the sphincter ani; itching and burning in the anus, etc.

The comparison shows that Barker recognizes the possibility of an aggravation if the indications are not present for the use of this especial drug. His indications include many of the homœopathic indications. The latter shows a much more exhaustive study which the experience of a hundred years has proven valuable.

Barker again advocates the use of Aloes when hæmorrhoids are associated with an irritable rectum, accompanied by frequent, teasing, thin evacuations, but gives a much smaller dose. In these conditions, Bartholow says it is generally better to give Aloes by itself and in small doses.

Practically, Barker's and Bartholow's statements are in accord with homœopathic indications for the use of Aloes, as seen in enumeration of symptoms under (a) and (b).

(g) Like other bitters, Aloes is used, in general, to promote the appetite and digestion in cases of indigestion with torpor of the large intestines, but is contra-indicated in irritable or inflammatory states of the stomach mucous membrane.

The homœopathic use of Aloes in this especial part of the alimentary tract is indicated by the list of symptoms included under (a).

This resumè of the use of Aloes, in the first place, by the regular school, shows that it is founded, in part, upon the poisonous action, so-called physiological action, and, in part, upon empiricism.

Its use in constipation, amenorrhœa, menorrhagia, in debilitated and relaxed subjects, in cerebral disorders when purgatives are given with a view to a derivative effect and as a laxative in cases of indigestion with torpor of the large intestines, are examples of the doubtful therapeutic value of aloes in poisonous doses.

When the drug is used in doses sufficient to get the active effects desired in the above conditions, other drugs are used in combination to overcome the unpleasant and even injurious or poisonous effects, as the following prescriptions will illustrate:

℞. Aloes socc., ext. opii aq., Sapo Cast, aa grs. X. M. fi., pil. No. XX. Sig. One pill morning and evening.

This prescription is used for hæmorrhoids associated with an irritable rectum. The so-called officinal pill contains Asafœtida, to diminish the drastic, while it increases the efficiency of the purgative action.

On the other hand, experience has taught that, although contra-indicated when there is congestion of the pelvic viscera and the existence of hæmorrhoids, or when the hæmorrhoids are associated with an irritable rectum and with frequent, small, teasing, thin evacuations, Aloes in small doses is a very efficient remedy.

Bartholow found from experience also, it is supposed, that small doses uncombined were generally better than larger doses combined with other drugs to overcome the unpleasant or poisonous effects, especially in cases having the commonly believed contra-indications for its use.

When we compare the uses of other drugs commonly used in these combinations, we shall, perhaps, discover how much of the therapeutic effects is due to the drugs aside from the Aloes and also, the therapeutic incompatibilities that surely exist.

In the second place the uses of Aloes by the homœopathic school are founded, (1) Upon the poisonous effects in the organism, from which we learn the particular tissues and organs for which the drug has an especial affinity; (2) The fact that a drug having especial or specific action upon certain tissue, organs or systems in the organism, is the drug to be used in curing disease of those special tissues, organs or systems, which, strictly speaking, is the physiological action of the drug; that is, restoring to a physiological state that which is unphysiological; (3) Upon what are called provings of the drug, which consist in giving to a person as perfect, physiologically, as possible, and surrounded with as ideal environments as can be gotten, different quantities of a drug, whose name must not be known by him.

Before taking the drug, an examination of the subject must be very carefully made to determine the exact conditions of the functions, senses and physique, in order that any variation can be noted that might be attributed to the drug.

Usually, the mode of living, diet, etc., should not be changed. The subject should continue his vocation, so that his mind may not govern his feelings, making him as negative as possible and thereby insuring physical indications. The value of psychical influences and indications will be discussed when making comparison with other drugs.

The comparison of dosage marks a striking difference.

In the first place, the old school admits that the size of the dose in an important factor; for example, in the use of Aloes for hæmorrhoids accompanied by an irritable rectum, congestion of the pelvic viscera, etc., a small dose of the drug, uncombined, is most effective.

All agree that there is a dual action of drugs, namely, a poisonous and a medicinal, and in order to get these actions a very marked difference in the dose administered is necessary. For example, to get a laxative or derivative effect, at least three grains repeated every three or four hours is necessary.

To cure hæmorrhoids associated with an irritable rectum, or inflamed colon and congested pelvic viscera, minute doses are most effective, one-tenth to one-fourth of a grain being administered not oftener than every four hours and discontinued as soon as the patient is improved. If continued longer, and aggravation of the disease is produced.

Bartholow said, in a lecture to a medical class in 1878, that we often found that a drug given to a patient having symptoms and conditions similar to

those produced by the poisonous action of the drug, effected a speedy cure. Then further remarked, "You may think that this smacks of rank Homœopathy; but not so. Two similar elements meet in the same body; both cannot remain active. Two waves meet, the result is a calm." His idea of this action, with which we are all so familiar, followed out, leads to the homœopathic law. Throughout the latest therapeutic literature of the allopathic school, we find traces of the twilight of truth.

If it is not scientific to attribute this action to a law, when everything else in the universe is held fast by law, so that each and every element composing the whole can operate without interference, we can, after a century of experience with this especial quality of drug action, establish it as certainly as any other drug effect. This drug action we are pleased to place within the scope of dynamogeny.

MATERIA MEDICA STUDIES.

BY A. L. MONROE, M. D., MIAMI, FLA.

SALTS OF ANTIMONY.

This list comprises only two drugs—the Antimonium crudum and Antimonium tartaricum. (A compound Salt of Antimony and Potash.)

True to their metallic relationship, these salts produce vital depression and blood deterioration, the blood tending to become thinner, more liquid. The pivotal action of Antimony is upon the mucous membranes and skin—the inner and outer lining of the human cask. Upon the former it produces a low grade of catarrhal inflammation, characterized by profuse secretion of mucus, and upon the skin a pustular eruption in case of Tartar emetic, and a thickening and induration in the case of Antimonium crudum.

This catarrh is marked in Antimonium tartaricum above the diaphragm and in Antimonium crudum below the diaphragm.

The depressed vitality associated with what might be called asthenic mucous catarrhs makes these Salts peculiarly adaptable to the diseases that attend the extremes of life. So we find both of them to be mainstays in the treatment of senile and infantile diseases.

ANTIMONIUM CRUDUM

This drug gives us characteristically a mucous dyspepsia, involving the whole alimentary tract, beginning with a thick white coating on the tongue and ending in profuse mucous discharges, interspersed with lumps of fæcal matter, the beginning of the stool often being constipated, the end diarrhœic. This condition may be due to imprudence in diet or mixed or to senile changes. And the drug should be associated with Arsenicum, Bryonia, Pulsatilla and Nux vomica, which give us similar conditions looking to similar causes.

Analogues.

See Nux vomica.

Skin.

Upon the skin the drug causes a thickening and hardening of the scarf skin, causing a tendency to the formation of corns and callosities upon the parts subjected to friction, as the soles and palms. This tendency may also exhibit itself in a tendency to cracking and fissuring of the skin at the orifices —nose, mouth, eyes and rectum, as found under Natrum muriaticum, Graphites and Nitric acid; but under Antimony there is, in addition, the characteristic thickening and hardening.

Mentally, the patient, if a child, is irascible and shy of strangers,—if adult, sentimentally emotional.

ANTIMONIUM TARTARICUM.

The symptoms of this drug give us both the depressed vitality and catarrhal inflammations of both the Antimonium and Potash, associated with the spasmodic tendencies and paralytic symptoms peculiar to the action of the metals. Through its action upon the pneumogastric nerve it produces spasmodic vomiting, associated with bronchial catarrh, characterized by paralytic symptoms. Reminding us on the one hand, with its mental torpor and vomiting of Veratrum viride, and on the other, with its inability to expectorate of its brother, Potash Salt, Causticum. This bronchial catarrh gives us a picture on the one hand of the capillary bronchitis of infants, and on the other, of senile bronchitis.

The symptoms are wheezing, rattling sounds, loose, but there is no expectoration; it seems as if every cough would raise the phlegm, but none is expectorated. The patient turns blue with every cough, there is mental torpor amounting even to stupor, and the body is bathed in warm sweat. The tongue is coated a thin white down the middle with raised red papillæ, altogether a desperate condition and are bordering on paralysis of the par vagum and threatening suffocation. This condition may, as I have said, not only complicate infantile or senile bronchitis, pneumonia and whooping-cough, but also may be associated with the suppression of an eruption, notably measles.

Analogues in Suppressed Eruptions.

See Bryonia,

Bronchitis or Pneumonia.

Ipecacuanha.

The rales are larger, there is more gagging and retching, clean tongue, clearer brain and a less desperate condition.

Carbo vegetabilis and lycopodium.

Senile bronchitis. See Lycopodium.

Moschus.

Paralysis of the lungs, mucous rattlings, restless patient, weak pulse and syncope, after typhoid fever.

Arsenicum.

With spasmodic asthma.

Laurocerasus (Hydrocyanic acid).

Asphyxia of new-born infants, great blueness and muscular twitchings of the face, gasping.

Opium.

Rattling, snoring, stertorous breathing with stupor, in drunkards—associated with suppuration of the lungs or hæmoptysis.

Skin.

The only action of Antimonium tartaricum upon the skin which especially concerns us is its power to produce an umbilicated pustule almost identical with that of variola.

Rhus toxicodendron.

Will produce an unbilicated vesicle, so these two drugs should be associated in your minds in the treatment of this disease. Rhus coming in, in the earlier stage of the eruption, Antimonium tartaricum when the papule becomes a pustule.

Thuya occidentalis.

Also has the power to produce a similar pustule.

STANNUM METALLICUM.

Produces a condition of extreme neurasthenia with muscular weakness, especially of the extensors. Its chief uses are in the treatment of coughs, neuralgias and female troubles. It has also proven very useful in the writer's hands in the post-diphtheritic paralysis of the muscles of deglutition; this is in harmony with its general action, a paretic state of the muscles being associated with all of the diseases for which it may be indicated, shown in difficult expectoration (Causticum), prolapsus uteri, etc. (Calcarea fluorica), shown especially in the the extensor muscles by the patients, difficulty in setting down or descending stairs without falling, he being uncertain and precipitate in the performance of these and like functions. The neuralgias are chiefly facial, sometimes ovarian, and are characterized by pains that come gradually and go gradually. Compare Argentum nitricum and Platina (come quickly and go quickly, Belladonna, Spigelia, Magnesia phosphorica). The Stannum cough is associated with great chest weakness, gone, weak, empty feeling in chest. There is short breath, profuse sweating with sweetish lemon-colored expectoration, giving us a picture of senile bronchitis.

Associate Lycopodium, Carbo vegetabilis, Antimonium tartaricum, Ipecacuanha, Causticum.

The prolapsus uteri is associated with great muscular and nervous weakness and a debilitating leucorrhœa.

Associate Sepia, Calcarea fluorica, Lilium tigrinum, Natrum muriaticum.

CUPRUM METALLICUM.

The pivotal symptom of Cuprum is the spasm of voluntary muscles; it is one of the chief remedies for Asiatic cholera, being preferred to Veratrum album when the muscles of the legs are chiefly involved; these muscles are drawn up into great knots and the surface is blue.

Compare Veratrum album, Cuprum sulphuricum, Arsenicum.

In whooping-cough it is to be preferred when the spasmodic symptoms take precedence over the catarrhal symptoms; the paroxysms are long, severe, the face becomes blue and swollen and the eyes protrude and the child cries with fright at the onset of each paroxysm. With all this there is little secretion, little expectoration.

Cuprum, too, is one of our sheet anchors in the spasmodic symptoms that follow suppressed eruptions, characterized by blue face, distorted eyeballs, distorted facial muscles.

Compare Zincum metallicum, which gives us spasms, principally of lower limbs, followed by suppressed eruptions; the spasms are not clonic as under Cuprum, but there is a constant severe twitching. This condition under Zincum is associated with such an extreme condition of anæmia and prostration that the system has not the strength to develop the eruption. A similar condition may be found under Zincum when children have not the nerve power to develop the teeth, "spasms accompanying eruption of each tooth."

For suppressed eruptions, see Comparison under Bryonia.

LECITHIN (OVA).

BY DR. J. C. FAHNESTOCK, PIQUA, OHIO.

I wish to bring to notice the valuable remedy, Lecithin (ova), to the readers of the Medical Century.

After several years' work and quite a number of provings we are now beginning to know what kind of sickness Lecithin is capable of curing.

It was my pleasure to present to the American Institute of Homœopathy, which met at Kansas City, the proving of Lecithin (ova), and by comparison of these provings the following case which I am about to relate will verify.

Case: Dr. H., dentist, æt. 25 years, came to my office September 11, 1907, and gave the following history: Have always been healthy, never having any illness, with the exception of children's diseases, and they leaving no marks of ill effects.

Several months ago was taken sick in the evening, sick at stomach, cold and dizzy, and after a short interval went to sleep, but was aroused about midnight and began to vomit, cold sweat, dizzy, weak, rapid heart's action. Called in a doctor and he gave an emetic which relieved me and I fell asleep and slept until morning.

At that time was very much exhausted and remained in bed all day, no appetite or thirst all day, but ate a little broth for supper.

Tongue became coated, tired all the time, no appetite and bowels constipated for the first time in his life.

The doctor lived in a distant village and called in a Homœopath, and he gave different remedies but did no good.

Became weaker, losing flesh quite rapidly, rapid heart's action, loss of appetite, belching all the time, restless at night, especially the latter part of night. Easily fatigued, pulse rapid and a little temperature after a slight exertion.

Shortness of breath, in fact it took on the appearance of a general breakdown.

Sexually, impotent.

Gave Lecithin 12x, one dose a day for three days.

Sept. 19, 1907. Reports stomach better, appetite good, sleeps better, not so tired. Tongue clean. Pulse regular, 76 the first time in months.

℞. Placebo.

Sept. 28, 1907. Feeling quite well, better than for a year past.

℞. Placebo.

Oct. 15. Am well and regained my weight and sexual functions restored.

"It is truly wonderful how that medicine helped me," came from my grateful patient.

A STUDY OF STRYCHNIA PHOSPHORICA.

BY GEORGE ROYAL, M. D., DES MOINES, IA.

Mr. Chairman, Ladies and Gentlemen:

The few remarks I have to make about Strychnia phosphorica are based upon a proving of that drug made by eleven students of the College of Homœopathic Medicine of the State University of Iowa. The drug used was furnished by Otis Clapp & Son, of Boston. The method followed was that of the O., O. and L. Society, with a few slight modifications. The potencies used were the 30th, 6th, 3d, and 1st. The time of the proving was from March 19th, to April 14th, 1908. The symptoms have been called and combined so that there remain only 97 as against 976 under Rhus toxicodendron, mentioned by Hughes in his pharmacodynamics. It is not my intention to read even these comparatively few symptoms, but following the method taught at the College at the State University of Iowa, to first note the locations, sensations, and modalities, and then arrange a few groups to show the clinical application of the drug.

Location.

Strychnia phosphorica seems to act through the cerebro-spinal nervous system upon the following tissues and organs:

1st. The muscles upon which are foud the most marked results, give twitching, jerking, lack of co-ordination,trembling, stiffness, cramping, soreness, weakness and even complete loss of power.

2d. The mind, where we find the same lack of control which was observed in its action upon the muscles. Here two expressions most characteristic of this condition are "silliness" and "uncontrolable desire to laugh." This condition was followed by not only a disinclination, but an inability to use the brain.

3d. The circulatory system. Irregularity of the pulse, both as to frequency and force, is a marked symptom. The frequency varies from 50 to 132. The effect upon the blood pressure is best shown by the tracings of the sphygmograph. You will note the pulse of prover No. 1 was remarkably changed from 10 A.M. to 2:15 P. M., of April 9th. This prover had been taking the drug at intervals since March 19th. He was still under the influence of the 6th, although he had taken none of it since April 6th, at 8:30 A. M. At ten o'clock of the 9th, seventy-three and a-half hours after taking the last dose of the drug the frequency of his pulse was 112, but the muscular tremor was so great that it was impossible to take a tracing. At 1:15 he took one gr. of the 1st and such was the toning effect of the dose that, at 2:15 P. M., the tracing was easily taken,—was firm and regular, as you perceive.

The pulse is found to be easily accelerated, going as high as 168 on exercise, the face flushed, the hands cold, with cold, clammy sweat over the entire body.

4th. Thermal centres where we again find a variation. Under the 30th, and 6th, four provers record a sub-normal temperature going as low as 97 degrees and as high as 100 degrees, while, with the 3d and 1st we have a variation from 97.4 to 99.4.

Sensation.

We have vertigo, fainting, drawing, soreness, stiffness, trembling, twitching, jerking, cramping.

Modalities.

All symptoms are markedly aggravated by motion.

Vertigo aggravated on ascending and descending stairs.

Spasmodic action of muscles aggravated on ascending and descending stairs and rapid motion.

Ameliorations.

All symptoms are relieved by quiet and all are better in the open air. Stiffness and drawing of the muscles better on gentle, continued motion.

Let us now group some of these symptoms and learn the therapeutic application of the drug.

Chorea.

In the first group we will put:

Irregular twitchings of the hand. Twitching of the facial muscles. Difficult walking. Stumbling, staggering gait. Difficulty in ascending and descending stairs. Must support self. Speech indistinct on account of constrictions of muscles. Twitching and jerking of all the muscles of the body. Drawing of muscles, causing flexion of forearm on arm. Unable to write. Decided aggravation from motion; all of which point to the usefulness of this remedy in chorea.

Locomotor Ataxia.

In the second group let us put:

Uncertainty in walking, especially if fast, better if slow. Inco-ordination of all the muscles. Difficulty in ascending and descending stairs having to support self. Marked vertigo on rising, on going up and down stairs. Pupils dilated, blurring of vision. Slight attacks of nausea, sharp shooting pains in the muscles, aggravated by motion.

Paralysis Agitans.

Again:

Aching, drawing pains in the muscles. Tremor

of muscles of one side spreading over same side or entire body. Spasmodic action of muscles of face and throat. Stiffness and drawing in back, as if spine were too short. Flexion of the forearm on arm and leg on thigh. Difficulty on starting to walk. You find, however, that the tremor, jerking, and spasmodic action are all aggravated by motion and not relieved, which symptom relief from motion is characteristic of paralysis agitans. So that it is doubtful if it will be found of much use in paralysis agitans, but it certainly will be useful in senile palsy.

Tetanus.

Increased tension and stiffness in the muscles of the jaw. Rigidity of muscles of mastication. Difficulty in opening mouth, muscles of jaw contract involuntary. Least motion brings on spasmodic condition of muscles and increases rigidity. Soreness stiffness and drawing in muscles of neck and back.

Hysteria.

Uncontrollable desire to laugh at remarks silly or otherwise. One would laugh and the others would follow. Actions and talk silly. Laughter followed by rigidity of the muscles of deglutition. Jerking and trembling of hands and limbs. Trembling of entire body. Face flushed, pupils dilated, cold sweat.

Another group which is familiar to any one who has been several years in general practice is found in the proving of this drug. You have observed the group in typhoid fever when the temperature drops below normal, also in some case of pneumonia which terminate in a crisis. When found in either of these two diseases the history of a hypertrophied heart will be found in seven cases out of ten. The symptoms are sudden change in temperature, and irregular pulse, cold clammy sweat, great prostration, marked dyspnœa (when in pneumonia), and pale face.

As an illustration, I will cite a case:

Mr. W.. A. G., aged 78, a contractor, short, stocky, robust, active man, was taken with pneumonia. At first the lower part of the left lung was involved. This yielded to Bryonia, followed by Phosphorus, and the lung was nearly clear when the entire right lung became involved. The stage of consolidation was rather prolonged, but that of resolution was short, and in a few hours the rattling, cold sweat, pale face, weak rapid pulse, and dyspnœa of tartar emetic were present, but tartar emetic did not improve the case. The pulse became irregular, the patient weaker and the dyspnœa more marked. It seemed at times as if the lung had lost its power to expand. Then, again, the air would enter for a few breaths and the rattling would be present. He was very despondant. At this stage the patient was given Strychnia phosphorica 3d, a grain powder every two hours. After twenty-four hours he was much improved and remarked, "Why did you not give me that before, instead of fooling with tartar emetic?" From that time on, though the improvement was not rapid, it was uninterrupted.

Case. Mr. W. A., aged 62. A tall, well-built, dark complexioned banker. Had dilatation of the heart twenty years ago, which was followed by compensating hypertrophy. Presented himself for relief from the following symptoms: Dull headache aggravated in the morning. Irregular pulse, at times slow, at others rapid, some palpitation relieved by lying down. Dyspnœa marked on going up stairs or from walking faster than usual. When the pulse was rapid and during the palpitation he suffered from vertigo to such an extent that he must either lie down or steady himself to keep from falling. All the symptoms except the irregularity of pulse were cleared up by Strychnia phosphorica 6th.

I fully realize that the above study of Strychnia phosphorica is a very imperfect one. It is imperfect for two reasons: First, because there were no females among the provers.

Second, because the time since the proving has been so short that there have been but few opportunities for verifying the different groups of symptoms.

It is presented, at this time, with the hope that it may prove the beginning of the study of a drug which is sure to become a very important one to the homœopathic physician.

Addresses.

CHAIRMAN'S ADDRESS, BUREAU OF CLINICAL MEDICINE.

BY A. M. DUFFIELD, M. D., CITRONELLE, ALA.

Ladies and Gentlemen:

When first notified of my appointment to the chairmanship of the Bureau of Clinical Medicine I was about to decline with many thanks the great honor thus bestowed, when, upon second thought, it occurred to me that it might be my opportunity to do some lasting good in the cause of pure Homœopathy, and I have tried to build a programme composed of some of the ablest exponents of Homœopathy in the land. How well I have succeeded you are to be the judges. I trust that you will appreciate my efforts in this direction, and that in the discussions which follow, you will all "Hew to the line (of pure Homœopathy) let the chips fall where they may."

As great oaks from little acorns grow, so Homœopathy has grown, in a Similia manner, from the Hahnemannian acorn of a century ago to the massive tree of Homœopathy of to-day, with its ever spreading branches reaching to all parts of the earth.

This homœopathic live oak has grown steadily from the first with ever reaching branches to distant countries and it has thrived in spite of the storms of opposition and dissention, which at times have threatened its very existence. The more oppo-

sition to it, the deeper hold it has taken with its roots of truth, founded upon science, while its branches have developed with the intelligence of the people.

For it was born of the truth and grows true to nature's laws of development.

Now, my dear friends, the lack of opposition in recent years against this ever growing tree has caused us to be less watchful of its growth and development, and although the parent stem or body of the tree is all right, some grafters have slipped by our sentinels and been at work amongst the branches until under the same roof tree are assembled those who claim to be first off the same tree, but I defy you to class them as being all of the same parentage, for there are those that grow separately of the true single remedy stock, those that grow in groups like the combinationists (quite numerous).

There are the ponderous and the infinitesimal (in dosage) and then comes the hybrid, or, shall we call it more properly the hermaphrodite fruit, and I am ashamed to say they are not few, who give both or anything the patient wants, and I personally know one who really advertised in a daily newspaper that he would treat either homœopathically or allopathically, and at half price at that, and he is still in practice.

There has been less opposition in the North in recent years and therefore you have been less on the defensive, and then you have become more intimate with those of other schools and more tempted to taste of their flesh pots, and by their methods which are heralded abroad with such a big flare of trumpets and emblazoned on the walls with such assurance that it is a great temptation to try them anyway.

Then there is the smiling, reassuring pharmaceutical drummer with his sure cure samples which he assures you he is supplying to lots of other homœopaths and shows their names on his order-book to prove it. There are a few of the old style Homœopaths left who turn on these tempters and either explain Homœopathy to them in a kindly manner and try to show them how little use we have for such trash or they promptly show them the way to the nearest allopathic junk shop in no uncertain terms.

What has impressed me most sadly of late is another phase of deterioration within our ranks, and one might say, wolves in sheep's clothing that are abroad in the land. It is the growing inability of the laity to distinguish from a doctor's prescribing what school he belongs to. In fact, it is not the laity alone, for I am repeatedly receiving patients from the North, who come for the benefit of our mild climate at Citronelle; alas, and they come loaded down, inside and out, with strong preparations of creosote, guaiacal, oil of pine needles, whiskey, lethecin, nuclein, codea, quinia and strychnia, and so forth ad nausem, enough to start a drug store; and yet claim to have been under the best of homœopathic treatment, and only needed a change of climate.

Now, how in the name of nature could they get well with such a mess of poison in them? It were better to have turned them out in the pasture with the cattle to graze and go nude and give nature a chance, than to have burnt them out with corrosive poisons and ruined their digestions and thus lessened the little chance they had at first.

Lets be reasonable, and if we claim to be Homœopaths, prescribe the indicated remedy in the minimum dosage and study our Materia Medica instead of the flaring advertisements of the medical journals and listening to the claims of pharmaceutical drummers, who have to make their living that way. If we studied our Materia Medica as we ought to do, we would have little time to do anything else.

Now this state of affairs has crept in so quietly and stealthily, even into our colleges and hospitals that where many of you are banded together it is not so noticeable amongst yourselves, but it is true nevertheless, and very noticeable to those who, like myself, have been doing missionary (homœopathic) practice in the South for over twenty years, with no one to turn to for counsel in a hundred miles, and yet have stuck by the indicated remedy in the potentized dosage and held our own against scores of allopaths and invaded their practices and proved the laws of Similia Similibus Curantur triumphant without resorting to adjuvants, like strychnine, quinia, calomel and opium, which is so common with our physicians to-day.

Now I know from a long and hard experience, personally battling with poor health, and yet what is our experience, side of that of the pioneers of our profession, what would Hahnemann and Hering and the others say if they saw how things were to-night and practiced to-day.

Now I have come a large distance and at a cost I can ill afford to appeal to you to open your eyes and put forth your hands to stay this condition of things before it is too late.

Thanking you for your courteous attention, I will now proceed with the work of the Bureau.

EDUCATION---A MODERN MOLOCH.

BY H. B. STILES, M. D., WACO, TEX.

"And they caused their children to pass through fire to Moloch." (Bible,—adapted.)

The writer believes in education.

The term is equivalent to development, and education makes the difference between savagery and civilization.

He believes in education, provided he be allowed to select the definition of the word. As best suited to this idea, he selects one of Webster's several definitions of the verb "to educate," namely, "to prepare or fit for activity and usefulness in life."

That is general, applied to all, without reference to technical or professional education, which each must choose for himself.

Such education has elevated our race.

It brings the mind to its highest development.

It has produced the great poets, from Homer and Virgil to the modern lights of poetry.

It has promoted human order and freedom through the great world-statesmen and law-givers, from Moses to Washington and Jefferson.

It has given the world that noblest science, astronomy, and in the last three generations has developed the wonderful mechanical powers of steam and electricity, which have multiplied the productive capacity of human effort and removed the former dangers of famine from congested populations.

Through the active minds of men yet to come, not enfeebled by the processes of modern schools, it will develop knowledge and power to an extent the present generation cannot imagine.

Glory to Education—glory next to God's!

In the absence of our much-lauded common schools, how could these ancient great men learn so much? How could the Egyptian engineers know how to construct those "miracles in stone," the pyramids, or the Greeks those architectural models for the whole modern world? How could the Babylonians build their wonderful cities, and foretell eclipses and other astronomical events centuries before Christ,—a feat which not one of a thousand of our college graduates can do now?

On the clear and lofty plains of western Asia, these Aryans tended their flocks. By night they lay under the azure canopy and gazed on the heavens. To them "the heavens declared the glory of God, and the firmament shewed his handiwork."

They studied out a mathematically correct system of astronomy.

They took their time. Their bodies were strong and minds clear.

We come down to Egypt.

A leader and lawgiver was wanted.

Moses was chosen by God who proceeded in his own way to educate him.

Forty years he studied as the son of the king. He learned the politics of Egypt, the woes and needs of his own people. He fled to Midian, where, as a ranchman, he lived forty years more, meditating and evolving statecraft and wisdom. Eighty years! Surely a leisurely, healthful course of education!

Then his lifework forty years longer, then called home, his eye undimmed, his natural force unabated.

Poor Moses! He could never go to common school, a seven-year-old boy, and shuffle his restless little feet under a desk for six long hours on a hot Egyptian day!

But he occupies to-day, and shall for ages hence, the highest seat in the temple of legislative fame.

Washington and Jefferson were educated men. One of them established a great university, and both of them established the great republic which has become the model for all republics in the world.

But we do not read that they had to report at roll-call promptly at 9 A. M. under pain of mortifying disgrace, and be kept on a constant mental strain chasing "vanishing E's" and "cedilla C's" five or six hours per day, until their little bodies were dwarfed and their big brains aching from this unnecessary and ceaseless toil.

All this merely to suggest that greatness of intellect and of achievement can be and have been attained without our modern high-pressure system of education.

This paper will discuss almost wholly the "common schools" maintained by our States and cities for the children of their citizens, "to fit them for activity and usefulness in life." Not to rival nor over-top the curricula and labor of the schools of other cities, to gratify the professional pride of superintendents and teachers; not to be preparatory departments for colleges and universities, for not over 1 per cent. of common school children ever go to college, and it is not right to burden the citizens with the taxes, nor the 99 per cent. of the children with the mental wear of preparing for college to which they will never go.

It is true that our university people also have forgotten the bounds of life and the limitations of the average mental capacity of the youth of the land, and want their entering freshmen to have already a fair college education, and are really elevating their institutions beyond the reach of the ordinary mortal, but the university students are so small a proportion of the youth of Amerca that we omit univerities from the present discussion.

Allow me, however, to make the heretical and old-fogy remark that in my humble opinion four years' actual attendance at the modern medical college are ample to prepare any mentally qualified person to begin the practice of medicine—practice being really the best school, and the present talk of extending the medical course to five or six years, until the student is middle-aged, impoverished and discouraged, should be suppressed by this august body.

Suppose now we review a little of our school-day physiology—that part relating to the growth of the brain.

Turning to my old Kirk's Physiology (p. 607) we read that the brain of the average man of 40 years is 48 ounces (3 lbs.).

We may assume the average weight of men to be 150 pounds.

That is, his brain weight is 2 per cent. of total weight.

To support and energize his 3 pounds of brain, he has 147 pounds of physique.

On the other hand, the average boy of eight years has a brain of 43 ounces, only 5 ounces less than his father's. His total weight may average 50 pounds, his brain being about 6 per cent. of the total weight. That is, he has put one-third of the physique of the man to support and energize almost the same amount of brain.

At fourteen years the brain has attained adult size, 48 ounces.

Necessarily a brain growing so fast must be, and is, very vascular, tender and easily fatigued.

Moreover, all the world is new to the little man. All is interesting, and there is much to observe and learn,—all causing mental activitiy.

In her wise pre-vision, Nature balances this mental activity with a redundant and natural bodily activity.

The child plays,—must play, diverting circulation from the brain to body and limbs, diverting thought rapidly from one subject to another, in such manner that the brain does not become fatigued so rapidly. Note here that confinement of thought for long periods to one topic, with restraint of bodily movement as in school, does fatigue the juvenile brain.

Kept long fixed on one line of thought, the brain becomes weary, the attention flags, the child yawns repeatedly.

Even at liberty the brain becomes exhausted, so that little children fall asleep easily and often through the day, and the child of six or eight years finally in the early evening surrenders to sleep, perhaps, with his head lying in his plate at the supper table.

In other spheres of physiology we find facts peculiar to the child.

The vegetative functions are extremely active. The appetite is enormous in the healthy child who is allowed a natural, free life. He is nearly always hungry. He should have ample food, and ample time to eat it—neither allowed in the modern common school—in order to develop perfectly in body and mind.

He must have a sufficiency of sleep, in order that body and brain may rest, recuperate and grow. For a child that means 9 or 10 hours of sleep out of the twenty-four.

These facts are so evident to a mechanical body that they need no discussion in this paper.

So much for the child, who is by all odds the most important person in the schools, despite the apparent idea that he is a very small and inconsiderable factor.

Now let us look at the work laid out for this helpless creature, with his little body and big, 6 per cent. brain.

It is laid out by mature persons whose bodies of 150 to 200 pounds have reduced their brains to 2 per cent.,—who have 150 to 200 of physique to actuate their mature, strong, 2 per cent. brains.

They have long forgotten how to play, or to need to play, and cannot sleep over six or seven hours per night. Mostly they were taught in the old-fashioned, leisurely schools. But they have a keen sense of rivalry, to surpass Prof. ———, of the ...ools of the rival town, in weight and severity of requirements for graduation. Alas, poor little Yorick! What a skull you will need!

In investigating common school curricula the writer was kindly assisted, in the way of school literature, by the superintendents of the schools of Boston, New York, Columbus, Nashville, Richmond, Atlanta and Waco; thus including the climatic breadth of our country.

Climate has great influence on strength and capacity for mental work. Better work can be done in the cool, bracing climate of the North than in hot latitudes. But this fact is ignored in the curricula of the Southern schools.

In the world there is so much to learn!

Who of us has not wished that in health and strength he could live a thousand years just to learn!

Surely this yearning has been in the hearts of the wise people who outline the present common school curricula. But knowing the thousand years impossible they put enough literary work for at least one ordinary life-time into the twelve or fifteen years allowed by law for common school education.

Remember our definition—"to prepare or fit for activity and usefulness in life," and observe that we are discussing common schools for common people, the mass of whom can never go to college, but must be self-supporting as clerks, merchants, mechanics, farmers and housekeepers,—who are to be the fathers, mothers and home-makers for the next generation. If these children are injured in health, their children will be weaker, and so on until our race is degenerated—by science.

Now let us see what topics are mentioned in these curricula, to be worked out at the rate of five or six hours per day by babes of six or seven years, by maids of twelve to fourteen years, who are carrying extra physiologic burdens incident to developing womanhood and ought to be spared unnecessary intellectual work, and by the delicate, weak children as well as the robust.

We read as follows from the curricula of several cities:—

Grades 1 and 2. Opening exercises. Physical training, hygiene, organized games (or laborious and spurious play), English, writing, arithmetic, nature study, drawing, construction work, cord and raffia work, music. (New York.)

Plus history, geography, paper folding and weaving. (Atlanta.)

All equalling five hours per day for six or seven-year-olds.

Pretty fair load for babies, nicht wahr?

Allow me right here to remark that the Nashville school people have some humanity, for their superintendent, Prof. H. C. Weber, writes me that in that city the first and second grades are kept but two and a-half hours per day in school.

We pass on to the other grades and find in addition, history, readers and supplementary readers, arithmetic and mental arithmetic, geography, nature study, language, writing and more drawing, grammar, algebra, bookkeeping, sewing, cooking, shop-work, physical geography.

Passing on to the high school, i. e., the ninth to twelfth grades, we find in addition physics, chemistry, Greek, a modern language, declamations, orations, essays, plus literary society once a week, botany, and in some schools psychology.

All to equal five to six hours per day, in school, with much home work at night, five days per week, for forty weeks per year, for twelve to fourteen years.

Recesses are very short in all city schools nowadays, ten minutes in morning and evening and twenty to thirty minutes at noon for lunch. Such brief recesses, because of their very brevity, keep the children on a strain and allow no time for real relaxation and rest. So brief a period for lunch promotes hasty and unhealthful bolting of the cold

and ill-chosen lunches, and allows no time for digestion even to begin, before the child is again on tension in the class-room.

Often children are reprimanded, or kept in, or otherwise mortified, if they dare ask to be excused for toilet purposes. And yet "hygiene is taught (?) in the schools!"

In most States the reading of the Bible in common schools is forbidden. Yet the boards cannot ignore the necessity for ethics or morals. So the virtuous Bostonese provide (page 5, document 5, 1907) that "All preceptors and teachers shall impress on the minds of children principles of piety and justice"—and many other virtues. But in their curriculum we find no time set apart for this good work.

On the other hand, though the law forbids the reading of the moral code in the Ten Commandments, or the incomparable "sermon on the mount," which is the best exposition of theoretical and practical morality extant, we find on pages 34 and 35 of the same document a list of "ancient and modern fables and fairy tales, and the classic myths"—i. e., of Greece and Rome, which are the embodiment of salacity and immorality of the most seductive kind, to be taught to boys and girls at their most emotional and impressionable ages.

Some States propose to lower the scholastic age to five or six years and begin with kindergarten work. This is already taught in some common schools, in the form of trifling paper-cutting, cord and raffia work, etc.

In addition, some States compel school attendance. Our Texas people are anxious for education and need no compulsion. But in those compulsory States where do the parents' rights come in? What ideas of justice or humanity can justify the State in taking your little child at so tender an age, and against your will, from the knee of a loving and pious mother, to be reared and formed by girls or women who are not mothers, nor have mothers' ideas of juvenile psychology, of a little child's loves, fears and confidences, nor have the tenderness of mothers toward children; to be deprived of religious home training; to be exposed to the profanity and obscenity of the play-ground, and later to be taught the vileness of "classic mythology," as exemplified by Zeus, Aphrodite (or Jupiter and Venus), and the other depraved deities of Greece and Rome?

Why not at once adopt the laws of Sparta, and make the State the owner of the child, and the schools public nurseries?

But it is gratifying to observe in some of these school circulars, indications of the returning rationality.

For instance, in the high schools of Atlanta and New York—doubtless in many others—there are special courses laid out for special and useful purposes. E. g., the classical for those proposing college courses and learned professions, the commercial for those aiming at clerkships or business, the technological for mechanical aspirants, and the domestic for girls. These are good indications, and, if the student has any health left when he gets to or through the high school, will tend to prepare or "fit for activity and usefulness in life."

Also the recent addition of cooking and sewing to the course, provided they are well and practically taught, is most sensible and useful. Let us hope these practical features will be further developed, room and time being made for them by eliminating some of the present useless studies. Thus will the girls be prepared for "usefulness in life," as home-makers, for which the Lord created them, whereas at present the ordinary high school girl is of little account as a housekeeper or prospective wife. No amount of Greek mythology will fit her for that, but a knowledge of housekeeping and home-making will add to the happiness of all around her.

These points need only to be suggested to the members of the Institute. They are too self-evident to need elaboration.

Therefore, let me summarize my objections to the arrangement of common schools in most States.

(1) It attempts too much.

Leave some English literature to be read in after life. The Nashville schools (page 18, Handbook in English), suggest that in addition to the heavy required work, with supplementary readers and all other burdens, the child may (is advised to) read "64 of the best available books during the first 8 grades."

Leave some profound studies, as chemistry, psychology, Greek, higher mathematics, to be studied in college, or not at all.

(2) The hours, especially for the lower grades, are too long and too exhausting.

In Nashville they are merciful—as already remarked, the superintendent, Prof. H. C. Weber, keeps the first two grades in school only 2½ hours. Probably this is true in other schools also. It should be so in all. Prof. Hickman, one of our principals, considers the afternoon session worth not over 33 per cent. of the morning session in the case of the little children, who are kept in school six hours per day in this town, with home work in addition.

When these little six to eight-year-old people come out of a six-hour session, especially in the hot months, with its restraint, its tension, its anxiety and often its fear of a tired and worried teacher, they are dark under the eyes and very tired. Then they must do "home-work" at night, and maybe memorize several stanzas of alleged poetry for next day. Maybe that conduces to learning,—certainly not, in our hot climate, to health.

But the New York regulations say "no home-work for those below eight years." (p. 41, Syllabus of Ethics, '05.)

(3) Too many fads—some "eminent scholar" always wanting his hobby taught in the common schools,—the last to attract my attention being "mental healing," proposed by some Chicago enthusiast.

It seems as if the whole common school system were becoming a field for the exploitation of fads, and "education" a catch-word to foist all manner of humbugs on the people.

(4) This mental overworking of growing children, of girls developing into womanhood, and of fast-growing youths, has results which every physician well knows. In many, dwarfed physique, as shown by recorded measurements for years past in two great cities; in increased nervousness; in neurasthenia, especially in the girls; in menstrual disorders, in consumption, and, as I am informed by officers of two State insane asylums, in increased liability of predisposed persons, to insanity.

In short, damage to health for which no amount of education can pay.

This is arraignment enough of a civic function, which in some ways is an injury to the people, but in the main a blessing, and which could be made much more of a blessing by the expenditure of less effort and of less money.

How? What has the writer to suggest?

In a word, Simplification. For the sake of the tired little creatures, many weakened by poverty, some by disease, who drag their lagging feet home after five or six hours per day of high tension; for the sake of the girls of twelve to fourteen years who have other important functions than those of the brain to develop, who need rest, open air and freedom, and who are to be mothers of the next generation; for those ambitious young souls afflicted with the mania for "high grade;" for the health of the people, which is far more important than the superficial "education" of the common schools, I plead for simplification.

"But," says the enthusiastic pedagogue, who wants something of all knowledge taught to children, "what can we omit? All are so important!"

Just here allow me to differ.

What topics in the common school courses are important? "The three R's,—readin', 'ritin', 'rithmetic."

(1) Reading, the first and most important. It opens the whole world of knowledge to children. Not the vapid stories and alleged poems of the ordinary readers. Include enough real poems to exemplify poetry, include enough recreative or amusing anecdotes or stories to lighten the study,—then put under the head and into the hours now devoted to "readers" some of the other studies which now demand extra time and extra work.

Under "reading" could be taught more "nature study," more botany, more history, physiology, ethics, civics, than the pupil could forget in two years after graduation,—for most of these "sciences," as taught in common schools, go speedily into the limbo of oblivion

The massing of these topics under reading would go far to simplify the work during the twelve years.

With reading naturally goes writing, i. e., penmanship.

With reading goes, of course, spelling. But relieve the youthful and tired brain of the diacritical nonsense now heaped upon it. Listen: "John, spell 'silence.'" "S-i, l-e-n-c-e, lence, silence; long i, accent on first syllable, e short, cedilla c, final e silent."

"Sam, spell 'frightened.'" "F-r-i-g-h-t, fright, e-n-e-d, frightened; accent on first syllable, long i, g silent, h silent, e short, last e silent," etc., etc., through the dictionary.

Merely a useless, wearying burden. All these sounds come to the child naturally. No need to add to his woes by requiring him to memorize them. They are all at the bottom of every page of Webster's Dictionary.

Simplify!

(2) English,—along with reading. Under this head should go grammar, taught not only in class, but in every sentence spoken, all day, in school, so that the learned high school graduate will not go forth saying "you was," "he done it," "I have saw," "between he and I," etc.

Under English should be taught good composition, for common business purposes and letter-writing, but the present effort to have the pupil read all the standard literature of the language should cease; let him have little more physical and healthful liberty, and leave some good literature for later years. Plenty of time.

(3) Fundamental and practical arithmetic, such as we older people find useful in practical life. Perhaps, also, a reasonable amount of geometry and algebra, but leave the higher reaches of mathematics strictly to the collegs.

(4) Geography—very brief and general, as relates to the great world, more particularly as relates to our own continent, country, and States.

Political geography changes rapidly.

Foreign geography is soon forgotten, and can be reviewed or learned easily when occasion arises, as in times of war, like the Russo-Japanese.

Physical geography could be included in "reading."

(5) Sewing, cooking, housekeeping, shop work.

The most encouraging sign of the times in matters educational is the introduction of these practical and useful topics in schools. For a generation the time of the children has been so much engrossed with the fanciful and useless that they have not had time to learn these things even at home, and many a tired mother has worked herself into invalidism over the housework while two or three strapping daughters were chasing useless studies to their own injury.

We hope the teaching of these practical and useful arts will be developed and improved, in the degree of their importance.

Of course, were this paper of sufficient interest to be discussed by professors, there would be wide divergence of opinion among these intelligent men on this question of the important studies for common schools. The above is the writer's list of studies which he considers important, and he would eliminate most of the others now included in common school curricula. With him agree, at least, two professors in the Waco schools with whom he has discussed the matter, and our sensible superintendent, Prof. Lattimore, has eliminated Greek and psychology. But chemistry, and a laboratory, have been put in during the last two years.

In his efforts at simplification the writer would

exclude as unnecessary, burdensome and practically useless to the mass of the people—for whom the schools are maintained—the fanciful and frothy studies, which consume time, nerve and money. He would exclude botany, mythology, drawing, kindergarten work, elocution, debate (save, perhaps, once a week in a literary society in the high school). He would omit chemistry, wholly useless to 99 per cent. of the pupils, with its dangerous and expensive laboratory.

He would give to the children for freedom and fresh air the time consumed in these fads, and save the tax payers the extra salaries and other expenses demanded by them. He would save the children the resultant night work.

In short, Simplify!

Have mercy on the children!

It will cost less in taxes, in nerve waste, in ruined health, in bereaved homes. It will pay more in health, in practical knowledge, in usefulness, in happiness.

For the weak and helpless I plead.

In our capacity as a learned profession, let us work to this end—to save the children's health.

Let us talk and agitate. Let the older of us endeavor, as private citizens, as doctors, and especially as members of school boards, to Simplify the work of the schools,—to promote useful instead of faddish education, which will "fit for usefulness in life."

I must quote a few words from my good old townsman, Andrew Goddard, when our Legislature was discussing a compulsory school bill (killed, thank God). He writes, "I see the State gathering up the children that once belonged to their mothers and driving them off into the great brooders, the common schools, claiming them as children of the State, prescribing the education they shall receive . . . perhaps, the god they shall worship, leaving to the mother to feed and clothe them, and to the father to pay the fines when they fail to reach the brooder in time. . . . When they have been thus trained they will be fit subjects to be ruled over by a despot."

"And we cause our children to pass through fire to Moloch."

American Institute of Homœopathy, Kansas City, Mo., 1908.

Therapeutics of Vibration.

The Healing of the Sick An Exact Science. By William Lawrence Woodruff, M. D., Author of Climatology of the Salt River Valley Region of Arizona. Price, $1.50. The Elwell Publishing Co., Los Angeles, Cal. 1908.

This is not a very large book, but it contains a lot of food for reflection. It is a strong discussion of the idea that "Vibration is the primal law of the universe," and that "Recognition of the law of vibration creates of the law of healing an exact science." It is very interesting and well worth study. It is one of a series to be issued, of which a study of the therapeutics of electricity will be the second. Dr. Wodruff is thoroughly competent to present his subject, having devoted a greater part of his time to this important phase of medical science.

Gynaecology

RETRODISPLACEMENT OF THE UTERUS.

BY DEAN T. SMITH, M. D., ANN ARBOR, MICH.

The point that I wish to discuss in this paper is the attachment of the round ligaments of the uterus and their relation to displacements of the organ.

I assume the following as established facts: First, the function of the round ligaments is to hold the uterus forward, they acting as guy ropes. Outside this function they exercise little, if any power in supporting the womb.

Second, the uterosacral ligaments hold the cervix back, pointing into the hollow of the sacrum.

Third, the condition of the vaginal wall, of the perineum, of the supports of the bladder and of the rectum are other factors that have to do with uterine displacements.

Fourth, in a large percentage of cases of retrodisplacement, the ligaments are attached, not at the fundus, but more or less down on the sides of the organ, thus weakening very greatly their support. The condition is of such frequent occurrence that many operators who utilize the round ligaments in correcting uterine displacements, teach and practice the correcting this low point of attachment by looping up the proximal ends of the ligaments on the womb so as to make their point of traction from near the fundus.

Fifth, retrodisplacement of the uterus is frequently found in women whose muscular tone is good, and whose supports, so far as an ordinary examination can show, are perfect.

So much for the facts. Now as to the theories. It has been generally assumed that the low attachment of the ligaments to the uterus is secondary to displacement and is caused by the dragging of the point of attachment from its normal position to a lower because of the malposition, the uterus being tipped back drawing the ligament toward the cervix. My belief is that the point of attachment is not due to the dragging of the misplaced uterus, but that the position is congenital, that the ligaments in these cases never were attached to the fundus and that the malposition is due this congenital defect. The low attachment is the cause rather than the result of the displacement.

The reasons for this belief are based on the embryology and histology of the parts as well as on operative findings. The uterus and adnexa do not develop as a single organ. It is true they all have their origin from the Wolfian bodies, but they develop from different foci and in the course of the development are represented by four separate tubes and groups of cells. The Mullerian ducts first ap-

pear to form the uterus and fallopian tubes. The lower portions of these ducts fuse to form the uterus and vagina, the free upper portion making the fallopian tubes. The ovaries and a strip of connective tissue develop from the genital ridge of the Wolfian bodies. The outer ends of this strip of connective tissue attach to the abdominal wall and become the round ligaments. The ovaries represent the other end. The middle portion of each fuses with the uterus so that it seems to take its origin from the superior angle of the womb, in front and a little below the attachment of the fallopian tubes. It is possible that this fusion does not always take place at exactly the same point. The argument is greatly strengthened by the fact that in the human organism, nature does not always make things after exact patterns, as, for instance, in the septate uterus, double uterus, uterus unicornis, the absent or rudimentary uterus. It is reasonable to believe that in the fusing of the round ligaments and the uterus the attachment should be lower in some instances than in others. If the usual patterns are ever departed from, in the development of the human organs we might expect departure in the development and fusing together of the four separate and apparently but slightly supported ligaments and tubes that finally eventuate in the female genital organs.

Histologically, the round ligaments, in their uterine portions, are, in their muscular structure, like the uterus. This is due to the fact that their muscular fibres are derived from the uterus. The round ligaments are not stuck on, but their muscular fibres are grown into or from the uterus as a part of the organ. Any traction that might be put on them would be much more likely to stretch them than to change their point of union with the womb after it was once formed.

Operative findings corroborate the histological deduction. The round ligament is firmly attached to the uterus. Besides this, it is usually stretched and slack. I do not remember ever having a case in which there was tension, acting in a direction that could possibly have changed the point of attachment of the ligaments. Another point, if the uterus is removed, even when there had been no marked displacement, there is usually little or no trouble in attaching their severed ends to the fundus of the vagina, a position as low as would ordinarily obtain in retrodisplacement.

The problem is not easy of positive demonstration, yet to me it seems as though the evidence is practically conclusive. I hope some one who has access to the morgue in some large maternity hospital may take advantage of the opportunities there offered to investigate the position of the round ligaments in the infant.

The practical bearing of this question has to do with a better understanding of pelvic pathology and also with its better treatment. When retroversion or retroflexion is due to congenital defect, logical treatment will include the correction of the defects.

Therapeutics

TREATMENT DURING PRE-NATAL LIFE.

BY ALBERT E. HINSDALE, A. B., M. D., PONTIAC, MICH.

Michigan State Homœopathic Medical Society, May 19-20, 1908.

The object of this discussion is not to consider, unless it be indirectly, any pathological or peculiar conditions that may appertain to the state of pregnancy so far as the welfare of the mother individually is concerned. It is to present some reasons for presuming that before birth medical science, especially homœopathic medication, may do something in the interest of the expected offspring and to indicate some lines of treatment based upon such reasons.

Treatment does not necessarily mean medication, I shall use the term to indicate whatever may seem indicated to assist in producing a normal product of conception or to reduce to a minimum whatever physical or mental impediments nature may have been obliged to place upon it.

In order to have the discussion proceed in a logical manner, it will first be necessary to show that the fœtus is capable of being influenced by drugs and foods consumed by the mother. The passage of toxic substances from the mother to the fœtus has been repeatedly studied. Such substances as Lead, Arsenic and Phosphorus pass through the placenta and by absorption thoroughly effect the fœtus. One of the actions of Phosphorus is to produce fatty degeneration of both the maternal and fœtal liver. Mercury is said to accumulate in the placenta, but not to reach the fœtus. While it is denied that coloring agents ingested by the mother stain the fœtal tissues, Florens observed in the case of pigs whose mother had been fed upon madder that the teeth and long bones were red. There is no rule that may be laid down as to what drug or chemical poisons will and what will not, if taken by the mother, affect the child.

Some seem to be, like alcohol, taken up easily and in abundant amounts, others seem to be quite or nearly blocked at the placental connection. As a general rule, the fœtus, in proportion to its general weight, is much more resistant to the action than is its mother. It is probably possible to kill the mother by some poisons and for the fœtus not to die from that same cause; on the other hand, it is probable that the reverse may be true. Everybody knows the extreme susceptibility of new-born and young babies to Opium poison. The conservative maximum physiological dose of morphine for a child is put down as one thousandth of a grain. Even that is dangerous. While the statement is not susceptible of proof, for obvious reasons, so far as the human fœtus is concerned, there is, no doubt but that many a human being has had his life sacrificed before birth by the foolhardy administration of narcotics and alcoholics, to his mother, saying nothing about drugs taken with fœticidal intent.

Savory extracted, by laparotomy, a fœtus from the uterus of a pregnant animal and after injecting it with a solution of Strychnine returned it to the womb. Fatal convulsions were produced in the mother, but the fœtus was not affected. Hypersusceptibility to horse serum is transmitted from the mother guinea-pig to her young.

There is one practical clinical rule of practice that might be laid down; that is, when administering medicine to a pregnant woman think three times beforehand, twice in the interest of the child, once in the interest of the mother. Poynton states that a mother attacked with rheumatic fever during pregnancy is liable to give birth to a child with the diplococcus rheumaticus circulating in its bloodstream. Not only that, but the child is liable to be born with endocardial lesions.

The question arises, in case of congenital rheumatic endocarditis, which is more at fault, the disease transmission from the mother or salicylic acid poisoning from the same source.

In general, we may divide the poisons which affect the unborn child through the mother into two classes: First, those elaborated in the system of a diseased mother in the form of toxines arising from infections and constitutional diseases. Syphilis is a striking illustration of this class of poisons, to which belong, also, the toxines arising from tuberculosis, typhoid fever, diphtheria, malaria, rheumatism, as already indicated, malaria and, no doubt, many others. To the second group of poisons belong drugs. The most striking example of absorption of a drug by an unborn child is alcohol. It has been demonstrated time and again that alcohol, as alcohol, is taken up by the fœtal organism. Even alcohol consumed by the father may taint the germ of life directly as well as by a general depravity. Salts of lead have been found in a dead fœtus, the mother having taken the drug to produce miscarriage.

It would be interesting to continue this phase of the discussion further, but time does not permit. Having shown that drugs given to the mother can affect the fœtus, are we warranted in supposing that certain anticipated pathological conditions of the fœtus may be corrected by appropriate treatment, remedial or otherwise? According to our notion of the dynamic action of drugs, having regard for their imponderable quantities and effects, we may safely assume, if we could subject the fœtus to examination, that we could reach it by our medicines. However, the "indications" must be historical and presumptive. So far as the normal parent, who has given birth to only normal children is concerned, the question is inapplicable. Whatever we may do, and that is undoubtedly very considerable, to make her accouchment comfortable and uneventful lies outside of the question at hand. But all mothers are not physiological. Beside, there are those who at previous pregnancies have produced abnormal offspring. The question arises, how are we to anticipate in what tissues, or in what general way, will the child likely be deficient? Or in other words, provided we have remedies how may we, before its birth, reinforce the individual concerning whom we have neither objective nor subjective evidence of defects? We can deal only with probabilities. If the mother suffers from impoverishment of physical substance or from bad environment, the treatment lies in the field of dietetics or hygiene. The quality, quantity and kind of food influences for weal or for woe. That he who would conduct any patient through a number of months of such changes as are peculiar to pregnancy must be a good dietician, goes without saying. Not having time to consider other large elements in pre-natal treatment, let us inquire a little further what homœopathic therapeutics may do. There are certain diseases or dyscrasias that may appertain to the mother or her direct family, as rachitis, "general debility," nervous excitement, general erythism, syphilis, tuberculosis, marasmus and congenital deformities that are not only personal, but transmissible traits which we are often forced to reckon with after birth and which we often foretell. Is it not reasonable, then, to administer to the mother such delicate, though efficient remedies as our beneficial system provides us?

A pregnant syphilitic female should, of course, receive anti-syphilic treatment and a tubercular mother should be so treated as to prevent or minimize the danger of her giving birth to a rachitic child. Such remedies as Sulphur, Calcarea carbonica, Silicea, the Iodides might do much in this condition. Rachitis is especially prone to appear generation after generation and the appropriate prophylactic medication might do much to cause its extinction. To insure even fair results, the prescribing for these cases must be accurately done for we are working with theoretical or anticipated premises at the best. I believe there are men in our school who do a vast amount of good in this class of cases just as well as we all believe there are heedless, thoughtless mischief makers, "nature fakers," in medicine, if you please, of the worst sort. Hemophilia is a condition which "runs" in certain families, and possibly the exhibition of Phosphorus would stop its further appearance.

Epilepsy is a disease in which the plan of treatment here outlined should accomplish much.

Students of heredity tell us that the following conditions or anomalies frequently occur through several generations; prepotency, swollen, protruding underlip (which has appeared through fifteen consecutive generations), congenital deafness, albinism, sex-degeneration, insanity in its various forms, as nonomania, hallucinations, suicidal and homicidal mania, etc. Of course, if such persons could die without descendants to color the stream of humanity, it would be fortunate for the race. But medicinal science deals with humanity as it is and is reproduced, not as Utopia.

The one all-important process that is constant from early fœtal life to the time of senile decay is metabolism. Stopping disease consists in correcting metabolism. Those of our readers that act upon this vital process, if we could know the symptoms of its perversion, are indicated from the time

of conception as well as post-natally. The circumstances or accident of birth does not change the bent of the individual. Predisposition, the antithesis of immunity, also called dyscrasia, begins, oftentimes, in the ancestry.

Reports of results of pre-natal medication are not abundant in our literature, yet they are to be found. Dr. Duncan in his "Children, Acid and Alkaline," reports cases with full particulars. He claims to have successfully experimented with the prevention of hare-lip, cleft palate and other congenital defects. I will briefly outline his method of attack. A woman who had given birth to three children, each of whom had hare-lip, consulted him to see if he could prevent the occurrence of the deformity in any more children that might be born. By a careful study of embryology and by assuming that the defect was due to a lack of formative material,—lime—and by observing that the psoric condition of the mother pointed to Sulphur, he decided to prescribe Calcarea sulphurica, sixth. The results were all that could be desired. This is how, to use his own words: "I diagnosed, theoretically, a remedy for this case of presumptive defective formation." I have forgotten the authority, but know of a woman which was born with hydrocephalus and who gave birth to three children suffering with the same tendency and who afterwards became hydrocephalic. The remedy which was arrived at in much the same way as in the case just reported, was administered for a period of weeks, when the woman next became pregnant and a healthy child was born. That remedy was Helleborus. In both the cases just reported suitable diet was prescribed.

You must not think that I would endeavor to reform the human race, both mentally and physically, by administering medicines or food.

Such, unfortunately, is impossible. If it were possible, as is the case with the lower animals, to cause the elimination of the unfit by process of artificial selection, men would eventually live in a world approximating physical perfection.

If we have under our care a pregnant woman who is suffering with a condition which may be transmitted to her offspring, or who has given birth to defective children, it is our duty to do all we can legitimately, to prevent the repetition of the same condition. Such measures or attempts can do no harm and frequently do produce good. I do not wish to weary you with more recital and will close by stating that the modern tendency to prevent the pains of child-birth is working to the detriment of the child. There are too many cases of asphyxiated, generally damaged and even dead babies reported as resulting from the use of Hyoscine, Scopalomine, Cactine, Morphine, and other alkaloids and mixtures known to deaden pain for the mother to make their uses free from danger. In fact, such drugs are being condemned by conservative and conscientious physicians who always have consideration for the lives necessarily involved.

Dr. N. W. Emerson, of Boston, has been appointed by the mayor of that city, a member of the Board of Trustees of the Pauper Institutions. This is a splendid appointment on the part of Mayor Hibbard.

Homoeopathics.

THE NEEDS OF HOMŒOPATHY TODAY.

BY CHARLES HOYT, M. D., CHILLICOTHE, O.

Instead of presenting a paper to this society on the proving of some one of the remedies that comprise our Materia Medica and which you can read and study at your leisure by consulting the various works on drug provings, I have decided that I can do more useful work by consideration of what I believe to be one of the great needs of our school to-day, if we are to continue to develop and grow and avoid deterioration and loss of prestige.

We make the claim that Homœopathy is The Science of Therapeutics, and I haven't the slightest doubt about the correctness of this claim, and it is incumbent upon us to establish this fact before the world by every means in our power.

We should endeavor within our limited spheres of practice to promulgate the truth of Homœopathy and demonstrate to our friends and patrons, as well as the public in general, the superiority of Homœopathy over the regular practice of medicine in the treatment of disease and diseased conditions generally.

The facts are, we are entirely too modest in proclaiming to the world the wonderful truths of Homœopathy and its superiority in every way over all other methods of treatment. We should devote more time in our everyday work to trying to promulgate the truth by educating the people and by making them understand the importance of these matters, which so vitally interests them and make for their health and happiness.

Very few of us, I am sure, ever go to the trouble to try to enlighten our patrons regarding the laws of Homœopathy and why it is superior to the old school in the treatment of the sick. Old school methods have existed almost from the beginning of time, and the masses of the people are, therefore, more or less enlightened regarding allopathic practice and combination of drugs, and so do not need any special instructions to understand their ever changing specifics and methods. On the other hand, Homœopathy is comparatively new and very little understood by the laity generally, and in order that the truths and merits of our science shall reach the people, it is necessary that constant missionary work be carried on constantly by the various physicians in active practice, and that the printed page be sent forth to do its silent and effective work among the people. They should be taught, at least, something of the underlying principles of Homœopathy and why our scientific methods of prescribing are superior in every way to the hap-hazard polypharmacy of the old school with only individual experience to guide them in the selection of their

remedies. The laity should know something regarding our methods of drug proving, and how we are able, by comparing the picture of the proven drug with the picture presented by the patient, to give the remedy which suits each individual case and in all curable conditions, to restore health in the shortest possible time and in the most pleasant and satisfactory manner.

Each person being given exactly the proven remedy that meets the sick indications in his individual case, nothing but the happiest results are to be expected, and in curable cases, a speedy return to perfect health will follow.

The only reason that any one ever employs an old school physician in anything, excepting surgical cases or when some one who has had careful training along some special line is needed, is, on account of a lack of familiarity with the different systems of practice. With a thorough knowledge of Homœopathy, I am certain every one would select it in preference to the uncertain guessing methods of the allopathy.

The New School presents the only scientific method of treating and prescribing for the sick, and we should proclaim this fact from the house tops and by every means within our power, because in doing so we add laurels to ourselves and Homœopathy.

As I have said, all that is required to make converts to Homœopathy is knowledge, and if we furnish the knowledge the people will do the rest. We should speak for and defend our beloved science on all suitable occasions.

Regular practice dates almost from time immemorial and we cannot hope to excel in anatomy, biology, chemistry, microscopy, surgery, pathology and the allied sciences those men who have come down through a long line of trained scholars, scientists and teachers, and who have had every advantage in training that could be afforded them by the best institutions of learning in this and other countries. But in our science of therapeutics we outshine and surpass them from every point of view, and are as far above them as the heavens are above the earth. Materia Medica is our greatest stronghold and the one we should guard most zealously, and by every means possible bring its merits before the people that they may have the necessary knowledge to enable them to select that which is for their own good when in need of a physician.

We could, to most excellent advantage, emulate the old school in matters of organization. They have evolved an almost ideal system by having their local district, State and national societies all thoroughly organized. A wheel within a wheel, as it were, so the whole must move in harmony. Then they employ men of the highest attainments as lecturers to visit almost every city, town and hamlet in the country, and deliver popular lectures, which are attended by the masses who are instructed along lines best calculated to bring them into their fold. Now, this organization is, as I have siad, almost ideal, and we, as Homœopaths, could follow their example with great advantage to our cause.

There is no question about the benefit to be derived from thorough organization, and if we continue to neglect this one vital point, our cause must certainly suffer in consequence. No matter how great our truth, it can easily sleep through the centuries, unless placed before the people so that they can see the light.

In the torch races of ancient Greece, the participants ran with lighted torches, each striving to preserve the flame alive and to hand it unextinguished to his successor. If the light went out in his hands, he was dishonored. This was done in memory of Prometheus, who first brought fire from heaven for the benefit of man. So with us all. We have received this lighted torch of external truth that was first carried by the hand of Samuel Hahnemann and handed by him to his pupils and successors, and passed through the generations to us, still burning brightly, and our honor depends on the care with which we in turn transmit it to those who shall follow us.

We should labor diligently as our predecessors have done, to increase our Materia Medica, and at the same time by reproving our remedies, eliminate, as far as possible, the rubbish and useless matter, which at the present, more or less encumbers our progress toward the ideal goal.

We must also take into account in our study of Materia Medica, all that is good and helpful in the regular school of medicine; for, while their studies along the line of therapeutics are in the most chaotic condition, based on a false philosophy, we must not be blind to the fact that they are making progress, and here and there, are making great discoveries which may be of advantage to us as well as to them.

Untiring labor in our great stronghold of Materia Medica will enable us to hold with honor our place in the great race for therapeutic advancement and hand our torch, still blazing, down through our successors to the generations yet unborn.

HOMŒOPATHY "AWAY DOWN IN DIXIE."

To the Medical Century:

Again have I had to be South, this time to Athens, Atlanta, New Orleans and Chattanooga, and never before have I been so strongly impressed with the need for mission or propagandism work in that territory, and with the advantages in the Southern cities for energetic and conscientious Homœopaths—men who have convictions and are not afraid to stand by them.

Why do so many of our young men, just graduating, locate in the cities where the picking is so poor and the chances so meagre, when all the Southern cities are open to them, many of them yearning, as it were, for more homœopathic doctors? Taking it as it is, the chances are ten to one in favor of the new field. Why starve to death in the "over-crowded" East and North, or hang on the ragged edge, with the sheriff and the wolf at the door, when so many good openings offer in the South?

To Individualize for a Moment.

Athens, a home of culture and refinement, of good schools, fine churches and the University of Georgia, an ideal city of 15,000 population, has no homœopathic doctor. For many years there was one there who "gave homœopathic medicines to women and children," and it is stated he had a fine practice up to the time of his death, some years ago. A family of mine, of a long homœopathic genealogy, have made inquiries and inform me that there is a good deal of homœopathic sentiment and it is their opinion an educated physician, of church sentiments—this family are Baptists—who will announce himself a Homœopath and practice Homœopathy can soon build up a good practice at that point.

I urge Athens as a good location. The field is a splendid one. The lid may have to be pried off, the opening made. But with a separate examining board, who treat new-comers with fairness and courtesy, there is no special difficulty in obtaining the Georgia license, and this is a strong point just now. The Georgia University is a fine educational institution, with 800 to 1,000 students; there are excellent public and exceptionally good private schools, Athens has all the modern improvements, it is growing steadily, its climate is temperate, both in winter and summer, and it ought to be a very excellent location for some good homœopathic physician, or for two or three of them, for that matter.

Athens should not be allowed to go unoccupied any longer.

Atlanta.

Atlanta is both the capital and the metropolis of Georgia, a veritable Southern Kansas City, with 125,000 population and growing with true Western rapidity. It is almost Northern in enterprise, commercial progress, wealth and liberality. Every one is welcome in Atlanta. There is a hustle and bustle about it that remind one strongly of the new cities of the Western plains, little that is strictly old and Southern. Its people are hospitable, they welcome the stranger who possesses character and who brings recommendations, treating him like a friend and brother if he is worthy.

Atlanta has six homœopathic physicians, with but three in active work. Dr. Orme, long the Nestor and giant of the profession in his State, has now retired from visiting practice and does only office work. Dr. Paine, there for twenty years, son of Dr. H. M. Paine, of Albany, and the American Institute of Homœopathy for forty years, has a fine practice. He seems not to be much more homœopathic than many of our present day representatives, but is a successful practitioner, a conscientious gentleman, and is to be reckoned with. Dr. Lawshe is not now engaged in regular visit work. Likewise Dr. M. B. Lukens. Dr. Susan B. Hicks, the only woman Homœopath of Atlanta, was absent in California for some years, but is again installed and is doing well. She is particularly desirous of the incoming of a Homœopath who can do surgery. Dr. Hinman, the remaining one of the six, is on deck for whatever work there is to do and is doing his share of it.

Drs. Hinman, Paine and Hicks are the only ones actively engaged in practice among Atlanta's 125,000 people, Drs. Orme, Lukens and Lawshe retired from the active field because of age. Where does such another situation obtain in this great United States?

Atlanta should have a full score of active workers under the banner of Homœopathy?

Why should such a splendid city be almost abandoned to the old school?

It is rich, prosperous, progressive, enterprising, bound to double in size in a generation of time.

Get into Atlanta, some of you thirty to forty years' men, with families begun and in prospect; gird up your armor; throw the homœopathic banner squarely and fairly against the breeze; be prepared to dig and to wait if you have to, but make ready to reap some of the rich reward that awaits effort and ability. Atlanta has it in store, and a share of it is yours for the trial. Go prepared to take a place in church and society work; go to hold your heads up and be men among men; go to respect the rather more delicate and sentimental character of the Southern people; be tactful, courteous, courageous and homœopathic, and it is not to be believed that a very long nor a very hard struggle awaits you.

For New Orleans a Special Plea.

New Orleans wants the Institute. And New Orleans ought to have it.

New Orleans is clearly the metropolis of the new and growing South. Figures may help us to understand. Just at this time that old historic French city is spending twenty-eight millions of dollars in street and sewer improvements. This is transforming it from an ancient, unsanitary and repulsive city into a modern, magnificent and coming metropolis among the cities of this country. With the building of the Panama canal it is promising to be even a greater port than her most enthusiastic citizens have heretofore dreamed of. The shipping of the southern world is alread congregating at her wharves. Ocean liners from every sea were in port last week when I was there. The Mississippi, even at this time of the off-transit and off-traffic season, had a good number of floating palaces along the docks. When cotton time, sugar time and molasses time come there will hardly be room for them all at the wharves.

New Orleans has near 400,000 souls. It is building rapidly. Sky scrapers of twelve and fifteen stories are being erected in several parts of the city, upon a soil which was formerly thought too unstable for them. But the architects and engineers have solved the problems of foundations which are secure, and New Orleans begins to look like New York and Chicago.

The city has an even dozen Homœopaths. On last Tuesday I met eight of them—Drs. Mayer, Bayley, Belden, Lopez, Crebbin, Harper, Moth and Jones. The first six are "old citizens." Dr. Moth is from Chicago and the National Homœopathic Hospital at Washington, a year ago, while Dr. Jones is just

from college at Ann Arbor. I was prevented by a storm from calling upon Dr. Holcombe's son-in-law, Dr. Gayle Aitken, nor did I meet Dr. Matthieu, an old-time French Homœopath, according to the methods of Hahnemann and Boenninghausen.

The physicians whom I met, several of them old acquaintances and friends, are ardent Homœopaths, deeply interested in the cause, anxious to see Homœopathy grow and develop again, as in former years, and they feel that their city should have a meeting of the Institute at an early day. Its importance as the metropolis of the new South, its prospective importance as the gateway to Panama, as the present gateway to Central America and Mexico, as the gateway to Louisiana, Mississippi and Texas, its former importance as a mighty Homœopathic centre in the days of Holcombe, Belden, Sr., and the older Bailey, when the entire South respected Homœopathy because of its splendid achievements in the virulent epidemics to which it was subject in the early days—these and other reasons are given why the American Institute of Homœopathy should at some time in the future meet during the fall or winter at New Orleans.

Such a meeting could not be a large one in number of local attendance, nor could there be expected a marvellous increase in attendance and new members, such as we are so often promised, but which so rarely is realized. But for the purpose of missionizing for our school, and of attracting new men into the South, such a meeting would do a great deal of good, and it becomes a really serious question whether we should not, about once in so many years, go into the out-lying places and sow seed for the future.

Of the ten who are in active proctice in New Orleans, over fifty per cent. are members of the Institute to-day. Can Chicago, New York, Philadelphia, or even Boston, say as much? Drs. Mayer, Bayley, Belden, Harper, Crebbin and Jones, already belong. The others will come in, making a one hundred per cent. membership. Surely New Orleans deserves better recognition than she has received. Dr. Harper is this year the appointee for the chairmanship of the Bureau of Clinical Medicine, and is already at work upon his co-workers and programme.

"Come over into Our Macedonia" and help us, is New Orleans' professional cry. Shall we let it go unheeded?

As an opening for other Homœopaths there is none more promising, in this or any other country. Detroit has about the population of New Orleans, likewise Cleveland and Kansas City. Think of these cities with but a dozen Homœopaths, but ten in work, two of the ten but beginners! There should be fifty there. Forty years ago there were more than now. The city is cosmopolitan, a veritable Babel, with chances for everybody. There is nothing seclusive nor exclusive about it. Genius, energy and intelligence count. The new-comer has as good a chance to get in on the ground floor as anywhere else. The old prejudices are dying out and new things are taking their place. Within ten years there has been more of an influx from the North than in all time before. While the city is renovating and rebuilding—tearing up the old and putting down the new, and tearing down the old and putting up the new—is the time to get in at New Orleans. A process of regeneration is going on. The city is in a state of transition. Send your young men and your early middle-age physicians, with some means with which to hold on for a while—for the dollars do not grow on trees for idle doctors to pluck without effort—down to this great and rapidly growing metropolis of the Mississippi and the Gulf, and in ten years they will thank you for it.

New Orleans wants a homœopathic hospital, and its profession will give all the encouragement and patronage it can to anyone of merit and ability who will go to their city, establish and equip such an institution, conduct it as a homœopathic hospital, and be fair and square in his dealings with them as they bring their patronage to it. They particularly want an experienced surgeon to do this, as it is in this field that the need is especially felt. Young Dr. Jones, who has just gone among them, is surgically inclined and equipped and will aid all he can. It is a splendid field for an individual hospital effort, so good, in fact, that the writer has it most seriously in mind at this time to take up the project. A small pharmacy and a rather feeble homœopathic clinic are being conducted at present, but the profession wants and needs more "things homœopathic" and it wants and needs others to come in and help. New Orleans ought never to be passed by.

Chattanooga.

Thirty years ago, next month, I went to Chattanooga as a volunteer physician in their time of need, when yellow fever was devastating the city and destroying its people. The mortality was fifty-two per cent. Several physicians died, and several others were stricken and knocked out for the season. It was then a town of ten thousand, a dirty, unsanitary, offensive town, overgrown and mushroom-like, at the edge of the Chickamaugua battle fields and the foot of Lookout Mountain, about as repulsive and repellant a place as can be imagined. No sooner had I set foot within its limits than I wished myself well out of the pest-hole, for such it really was. Death lurked in every breath we drew, and the "Black Maria," as it whirled through the streets, was the only sound to be heard beyond the death-call of Gabriel.

Last week I visited Chattanooga for the first time since that fated 1878. The transformation has been little short of marvellous. Now there are ninety thousand prosperous people in the city and suburbs. Great manufacturing structures are to be seen on every hand, employing thousands of workmen, distributing millions of money. A beautiful city has been erected upon the plague-spot and a healthier and more attractive metropolis of its size is hard to find. Chattanooga, like Atlanta, has not felt the hard times. Its banks have not had to resort to script, nor has building been checked in the least,

to all appearances. It is a good city, a prosperous, enterprising, growing city, a Northern city with Southern settings.

Chattanooga thirty years ago had five homœopathic physicians, Drs. Price, Curtis, Eastham, Freer and French. It has since had others, including Dr. Harrison, now keeping a drug store and practicing Homœopathy at East Chattanooga. Against this showing of thirty years ago, five Homœopaths among ten thousand people, there are now three Homœopaths among ninety thousand population. Is this as it should be?

Of the three, Drs. Price and Curtis, of the Old Guard, are now in the neighborhood of the seventies, while Dr. Freeman, the third Homœopath, is in middle years. Chattanooga ought to have, at least, an even dozen. With one doctor for every six hundred people in the United States Homœopathy should have that same proportion. This would allow one hundred and fifty for Chattanooga, altogether too many. But is it extravagant to suggest that this splendid manufacturing and business mart ought to have a dozen this very moment? Again, why will our young men flock to our more crowded places, hang around the cross-roads of the North, East and West, all but starve to death, drift into other callings, and whine and cry about the hard time they have in getting started, complain because the older doctors so strenuously strive to hold all they have and to get all they can, letting the youngsters take care of themselves, when such fields as Athens, Atlanta, New Orleans and Chattanooga, not to name a great manw others which will be dealt with later, are almost going begging? Must we let these people all become patrons of an antediluvian system per force of necessity? Surely a Homœopath can succeed where an allopath can!

When the writer went to Texas, thirty-five years ago, he was in bad health, had four dollars and a-half upon arriving at his prospective field, knew no one within eleven hundred miles, and had no more money coming. Many others of whom he knows entered the mission field of the South under similar stress. Not a single one has been known to have starved to death! Come South, young men, and grow up with the country. It needs you as badly as you need it. Do not wait or ponder, nor speculate or wonder. Burn your bridges and come now. This is the accepted time! The field is yours for the asking. As good Dr. Orme puts it, "Come and occupy it, and make your own opening."

In concluding, it will be a pleasure and comfort to the Institute friends of Dr. Orme, to know that his health is very much better than in the spring. He has taken on a new lease of life and now bids fair to be with us for the best part of an hundred years, for which "Allah be Praised!"

C. E. Fisher.

July 20, 1908.

HAHNEMANN'S MANUSCRIPTS.

Editor Medical Century.

You may remember in reading Bradford's Life of Hahnemann, that mention is made of the later writings of Hahnemann, also of the revised edition of the "Organon," which it was hoped would be published. If my memory serves me, Bradford also states that efforts were made to secure the last writings of Hahnemann, including his revision of the Organon, from his heirs, but the efforts were unsuccessful, owing to the exorbitant sums demanded for the privilege of publishing them.

In my travels through Germany three years ago I was informed that the son of C. von Boenning-

DR. FRITZ VON BŒNNINGHAUSEN

hausen lived in Munster, and could probably give the necessary information regarding the whereabouts of the documents above referred to.

My call at that time was fruitless, as the doctor was away on vacation, but on my visit to-day I had the pleasure of finding him at home, and for the benefit of you and your readers, I enclose his photograph. Dr. Fritz von Boenninghausen is 81 years old and still in active practice. He has practiced along lines followed by his father, C. von Boenninghausen, for over 50 years, his prescriptions following the law of similars and the potencies usually being the 30th; sometimes he gives the 200th; in acute cases he repeats the prescription hourly, in chronic cases he awaits the result of the

original prescription before repeating same, even if a month or more elapses before repetition or change of remedy takes place. Dr. von Boenninghausen refers his vigorous old age to regular habits and abundant recreation. He has for a number of years been fond of hunting and out-door life, and has his office hours arranged so that he has one or more free days in the week, when patients, except in emergency, do not see him. He is not strenuous, but an even tempered philosopher, who follows the trend of affairs and does not attempt to change them. His favorite statement in conversation seemed to be: "Homœopathy is like the alphabet—it is easy for one who understands it and can put the letters together and employ them, but for the Hottentot or allopath, it is unintelligible, and we must not chide them for not applying or understanding it." He laments the fact that there is no way of teaching Homœopathy in Germany, the vast predominance in numbers of the old school rendering the slightest recognition of Homœopathy by the State impossible. After a pleasant chat about himself, I put the question regarding the Hahnemann manuscripts, and it seems that the doctor is the possessor of all of these valuable papers. He has a large hermetically sealed case containing all of Hahnemann's last writings; in addition, he has over 150 case books containing verifications—from his father's practice, besides his own half century practice. I asked whether, in view of the fact that America is the most fertile field for Homœopathy, he did consider it his duty towards mankind to have some reliable publisher undertake the publication of these valuable manuscripts. He admitted the desirability of having the articles printed, but stated that he wanted to supervise the publication himself. As he is eighty-one years of age, he proposes to retire soon and devote his leisure to this work. At all events, he claims to have made provision so that the valuable documents are not destroyed at his demise and do not get into "profane" hands, as he puts it. I could not push him further in this matter, but think it important to write you in full about it and suggest that if some prominent body like the American Institute of Homœopathy take the matter in hand and attempt to secure possession of the documents they might at this time be able to secure them.

It is, of course, impossible to predicate the exact value of Hahnemann's last writings but their publication would certainly be of immense interest to all homœopathic physicians and may advance the progress of the cause.

Fraternally yours,
W. H. Dieffenbach.

We are very glad to learn that Drs. Harper and Hallman have withdrawn their resignation as secretary and president of the Southern Homœopathic Association, and the plan is now to have a rousing meeting in New Orleans at the time of the Mardi-Gras next February. This is as it should be.

Practice of Medicine.

MALARIA.

BY J. HENSLEY, M. D., OKLAHOMA CITY, OKLA.

At the dawn of the new century, in surveying the acquisition due to medical research for the benefit of mankind, one of the most significant is the elucidation of the origin, distribution and successful combat of that group of diseases which is the most widely disseminated of all the infectious diseases—viz., malaria.

Diseases that play the most conspicuous part in the pathology of tropical and sub-tropical countries, and impress upon these regions their specific stamp, and, in many instances, paralyze civilizing factors in vast districts endowed with the most luxurious vegetation by a great sacrifice of life and health.

These affectations have been designated by the most varied names, for they have been known since antiquity. Hippocrates, whose work has been transmitted to us, spoke of these fevers and separated them into different groups, as follows: Quotidian, Tertian and Quartan, on account of the peculiarity of the fever type. These fevers have also been designated as intermittent and remittent fever, and, on account of the regions in which it develops, it has been called swamp fever. In the valleys of the Rocky Mountains it is known as mountain fever.

These diseases have been observed almost over the entire inhabited globe. It shows a decrease in extent and in intensity which progressively increases from the equator to the poles up to a certain limit, beyond which it no longer appears, either endemically or epidemically. It prevails to a greater extent in tropical, swampy, marshy districts, or on the banks of sluggish streams. There are but few districts wholly exempt from its infection in our country.

Physicians early endeavored to form a conception regarding the cause of this peculiar fever. Hippocrates claimed these fevers originated from the bile. It was generally believed the yellow and black bile produced the fevers. Only the explanation of the causation of the different types gave rise to differences of opinion among physicians, and medical authors exhausted themselves in subtle explanations. The general belief was that the quantity and quality of the bile determined the type of the fever. This view prevailed for centuries before a new conception regarding the origin of these diseases was proclaimed by Marcus Terentius Varro, the contemporary of Pompey and Cæsar, one of the greatest scholars of ancient Rome. In his work upon agriculture he advises the construction of dwelling places on high elevations, and emphasizes the point that swampy localities should be avoided on account of these fever.

Cæsar and Augustus claimed the diseases were caused by the air contaminated by the breath of the swamp animals.

For seventeen centuries these views regarding the development of these fevers were maintained. In 1718, Laucisi determined that swamps represented a favorable breeding place for insects, and by the aid of the microscope animalculae in decaying material under the heat of the sun were discovered, many of which were invisible to the natural eye. Enormous numbers of gnats, by means of the proboscis and prongs of these insects, and also of smaller insects, and poisonous substances arising from the putrefying organic material under the heat of the sun, could be introduced into the bodies of the inhabitants. This certainly was a new departure, and apparently the most natural explanation for the origin of these diseases. However, the view that gnats or mosquitoes participated in the causation of the disease did not find believers for some time. From the extremely bad condition of the air of swampy regions, the mephitic vapors which arose during the hot seasons from the swamps which were filled with decaying and disintegrating organic material, the miasmata of the marshes, the peculiar odor of sulphuretted hydrogen of the evaporations, served to strengthen the belief in the noxious effects of the same upon man.

Even as late as 1825 Manfalcan made an exhaustive report on these conditions in his work on swamps, which was awarded a prize by the Academy of Lyons. Numerous investigators busied themselves with researches on swamp air and its effects on the human family. Many theories were advanced to be abandoned. It remained for Pasteur regarding the specific generators of the various putrefaction and of the diseases of wines, that the idea of the contagium animatum had been brought forward. The study of the malarial diseases regarding their eventual parasitic character was also taken up. Mitchell was the first to undertake investigation along these lines. In 1849, in an article, he claimed the origin of malaria and epidemic fevers in general to be a cryptogenic cause. Other students followed up investigations along these lines. This was the beginning of the bacteriological era. Thus the investigations were carried on and different theories advanced. The most fundamentl advance along these lines was that of A. Leveran in 1880. By the aid of the microscope he observed pigmented formations in the red blood corpuscles. The border of many of these elements showed movable threads of flagella, and from their varied movements he was led to believe these structures were of an animated nature, and, no doubt, responsible for malarial fevers. Yet he was unable to account for their presence in the blood.

After Leveran discovered these parasites, investigations were carried on by Italian bacteriologists. It remained for Surgeon Major Ross to discover the source of these parasites. He was stationed in India, where he had excellent opportunities to carry on his investigations. In 1895 he discovered that a certain species of mosquito, when fed upon the blood of a patient suffering with malaria, there developed a peculiar spheroidal cell on the walls of the stomach of the mosquito, and that these cells made a very rapid growth without movement or change in form until the capsule became easily perceptible, very soon after which the cell substance divided into from ten to twelve "meres," each mere containing a number of delicate thread-like blasts, followed by the rupturing of these capsules setting free these blasts within the insect's body.

Smith, of America, discovered that the bite of the tick caused the Texas fever in cattle. Koch discovered a similar fever in East Africa and found that the cattle bitten by the tick developed within the red corpuscles of the blood a germ which multiplied in the blood of the animal. He was led to believe the germ was transmitted to the cattle by the tick, and responsible for the fever, and that in a similar way malaria might be inoculated into men. He followed up his investigations and discovered that when a certain species of mosquito sucked the blood from a patient suffering from malaria, and stung another free from the fever, after a certain time the disease developed in him. He was fully convinced that the mosquito was responsible for the malarial fevers.

The conclusions arrived at by such an investigator as Koch were generally accepted, and all questions regarding the etiology of malaria that were doubtful up until then found a speedy and generally acknowledged solution and the prophylaxis against the disease was placed upon a new and scientific basis.

Golgi, an Italian physician, was in a position to examine alarge number of pure quartan fever cases by careful observation of the parasites during the entire course of the fever. He recognized that there existed a very distinct relation between the parasite and the type of the fever, and that the intermission which was so very problematical until then was due to the developmental cycle of the parasite; that the onset of each attack of fever corresponded to the maturing of a new generation of parasites. He discovered it took just three days for the perfect development of the quartan variety. The following year he succeeded in discovering an analoguous cycle of developments of the parasites which corresponds to the tertian type, which appeared to be slightly different from those of the quartan type. Consequently, he concluded that the various types of the fever were due to various species and varieties of parasites. His statements, however, were met with a great deal of contradiction.

Under the name of estivo-autumnal fever the investigators had observed the small non-pigmented ameboid forms which they designated by the name of plasmodium. These parasites are found in all stages of development, and one distinctive characteristic from the others is, quinine has no effect upon them.

The question of whether or not the three typical forms of malarial parasites are really separate organisms or whether they represent only variants of a single type is one that has given rise to much discussion, and while it is universally conceded by all investigators that the mosquito is the only means of inoculating this disease. They are not agreed as

to whether there are different species of the same family responsible for the different types of the disease, or but one. It would seem that there are, at least, two different species , from the fact that the difference in their forms is so marked, and the effect upon the patient so different in the regularity of the paroxysms, the grave constitutional symptoms, together with the clinical results, as well as climatical influences.

The family or species of mosquito responsible for the transmission of malaria are known as the Anopheles. I will not consume your time by giving the morphological and biological peculiarities o this variety of mosquitoes, but simply say the male possesses only sucking organs, whilst the female has, as well, an apparatus enabling it to sting. Therefore, only the females are capable of penetrating the skin and sucking blood. The male lives on vegetable substances alone, and soon after assurance of perpetuation of his kind, dies. The duration of the active life of the female of this variety of mosquitoes is about seven weeks. They may hibernate in dark secluded places during the winter months, or remain in cold storage all winter, or even frozen up in a cake of ice, and go a-laying in the spring time. Their eggs may be kept in cold storage or in dry places for months, and with proper warmth or moisture hatch out. I am fully convinced that the parasites in some stage of development may be preserved within the mosquito's stomach during the hibernating state, and when the mosquito takes on new life renew its cycle of development. And in this way we can account for the development of malaria in many cases heretofore unaccountable. The mosquito may be carried in clothing, shipments of fruit, or otherwise from malarial districts after sucking the plasmodium from a patient suffering from malaria and be the cause of an outbreak of malaria in a district where it was heretofore unknown.

The manner in which the mosquito transmits the disease is as follows: It sucks the blood from a patient suffering with the disease. This blood contains a germ called gamete. It goes through a process of change and development in the stomach of the mosquito for a period of from eight to twenty-one days, according to the external temperature, when there is developed the sporozoti. These pass into the salivary glands and from here through a duct leading through the stylet, and when it stings a person, more or less of these germs pass into the circulation and develop into the malarial parasite. One mosquito may infect many persons, as not all the germs pass in one sting.

The evolution of these parasites takes place within the red blood corpuscles. They enter the red cells in the form of small non-pigmented plasmodia, exhibiting ameboid motion, and then the latter into dark pigment-granules as they develop. When the intra-globular plasmodia have consumed the red blood corpuscles the granules of pigment accumulate in the center of the parasite, whilst on its periphery the processes of subdivision and sporulation are taking place, forming fresh generations of hemetozoa. These young parasites assume the form of minute, more or less spheric hyaline bodies, which again enter the red blood corpuscles and start a new cycle of development. By placing a drop of blood from the lobe of the ear or finger under the microscope you will be able to see the parasite in its different stages of development.

Malarial diseases have a distinct period of incubation; an average of about fourteen days; maybe more or less by a few days. No doubt this variation depends upon the number of germs which are introduced into the body and on the resisting power of the individual. In some cases the infection may remain latent for many days, or even months. Such persons may have such resisting power as to hold the development of the parasites in check, or they may have previously suffered from slight attacks which run their course without any subjective symptoms, and was, therefore, a question of recurrences which were produced by influences reducing the resistence of the body.

Clinical symptoms may be entirely absent during the incubation stage. However, there are generally prodromal phenomena sach as general lassitude, headache, loss of appetite, sensation of pressure in the gastric region, nausea, vomiting, constipation or diarrhœa, pains and aches in the limbs.

I will not consume your time by describing typical cases of malaria, as our text books are full of it, and no doubt you all had personal experience with same. Perhaps it would be well enough to explain the cause of the different types and their variations.

Whilst it is generally conceded that the three types—quotidian, tertian and quartan—are caused from the same species of parasites. Sporulating every fourth day producing the quartan type. Now there may be a double infection of this species, each group of parasites segmenting on alternate days producing what is known as the tertian type, or there may be a triple infection, each group segmenting every twenty-four hours apart, producing what we call the quotidian type. The quotidian may become the tertian as the tertain the quartan by the disappearance of one or more generations of the parasites, either spontaneously or by the administration of drugs. We may have double quartan in which two generations of parasites sporulate upon two succeeding days, whereas the third may be free from fever.

I think there is much room for doubt as to these different types of fever being caused from the same variety of parasites. There is a decided difference in the forms, size and movements of the parasites found in the blood corpuscles of the different types. I am of the opinion the parasites of these different types have their development in the stomach of the same species of mosquito, but the sporozoites responsible for the different types depends upon the type from which the mosquito sucked the germ. It is generally conceded the estivo-autumnal parasite causes a fever decidely different from either of the other forms of malaria, and that the parasite causing the same is very different from the former varieties, and is due to one variety of parasites. They are much smaller than the other varieties, oc-

cur only in ring form, the cycle of which variety is evolved chiefly in certain of the internal viscera and the bone-marrow; consequently not always discovered by the aid of the microscope. This type of malaria is generally confined to the tropical regions; if in the temperate climate at the height of the malarial season; in autumn, after a long, hot summer. The fever is irregulary intermittent, remittent or continuous, and is what is ordinarly called typho-malaria. Frequently the chill is altogether absent. These fevers often subside in a few days, but after a brief intermission the fever again begins to rise with a new increase of the subjective disturbances, and a second attack follows. These attacks are what are called pernicious malaria. The perniciousness may be ascribed to the intensity of the infection caused by the multitude of parasites in the blood. Koch found eighty per cent. of all blood corpuscles of a patient suffering from this disease contained parasites. Therefore, four-fifths of the blood corpuscles were rendered more or less incapable of performing their physiological functions of absorbing oxygen. The toxic products present which enter into the circulation in the process of sporulation poisons the system and is the prime source of the paroxysm. I wish to state here and impress upon your minds that whilst quinine will destroy malarial bacilli of all other types of the fever, it has no effect upon this type, no matter what the size of the dose. This fact has given rise to much discussion by our brethren of the old school, and led them into many pit-falls.

Prophylaxis.

Having established the fact that the mosquito is responsible for malaria, therefore, in order to prevent malaria we must get rid of the mosquito, or avoid its stings. They are nocturnal and, as a general thing, do their work between sun-down and sun-up. Therefore, screens at the windows and doors with mosquito bar carefully arranged over the bed would be reasonably safe. All persons suffering with malarial fever should be rigidly quarantined and isolated until entirely well. Otherwise if exposed to the mosquito it may cause a wide-spread of the infection.

Care should be taken to prevent the breeding of the mosquito. They require standing water for breeding places, water barrels, tin cans, wells, springs, pools, cesspools, ponds, in fact, anywhere where stagnant water is found affords suitable places for the propagation of their young. Groves planted out near low wet lands aid very much in absorbing the moisture and at the same time takes up much of the noxious gases that poison and lower the resisting forces of the system. All wells, cisterns and receptacles should be carefully protected by wire gauze; when drainage cannot be made possible. The surface of the water should be covered with a film of kerosene oil, one ounce to every fifty square feet. This should be repeated about every seven days during the mosquito season. A solution of one pound of Sulphate copper and one pound of unslacked lime in ten gallons of water, added in the proportion of one gallon of solution to fifty gallons of water will destroy the mosquito larvæ. The thick pulpy leaves of the cactus cut up and macerated in water until a sticky paste is formed. This is spread upon the surface of the water and forms an isolating layer which prevents the larvæ from coming to the top for breathing—consequently, they die from asphyxiation.

Immune.

There is no doubt but that some persons become immuned from living a long time in malarial districts, and it is claimed the native negroes of the tropical climates are often free from the fever. May we not hope that some plant or preparation derived from the parasite or from some other source will be discovered that will act as a prophylactic against this wide-spread disease. The very fact that persons become immuned is evidence that such a thing is possible and with the present day of investigation and research may we not hope to realize our fondest desires?

Diagnosis.

Diagnosis of malaria is quite difficult at times, unless the brief febrile paroxysms, with their characteristic stages and other more or less diagnostic features (enlarged spleen, malarial complexion and herpes), together with the rigid periodicity of the paroxysms be present. The diagnosis is assisted by the knowledge of the fact that the patient resides in a malarial district. I will not consume your time by giving a diagnosis of these different forms and types as laid down by our text books, but only direct your attention to the more recent diagnostic symptoms—and the only unquestionable one; that of a careful microscopical examination of the fresh blood. I am aware that bacteriological science is comparatively new and that laboratory work has been introduced into our medical colleges within the last few years, and that many of the older physicians have a very superficial knowledge of this important branch of medical science and are not prepared to make an intelligent investigation along these lines. Many of us are so situated that we can depend upon our laboratory work by those who make a specialty of same; but where a physician is not so fortunately located it becomes his duty to avail himself of the opportunities afforded by post-graduate work, so abundantly afforded by our medical colleges and universities, and fit himself to take advantage of this wonderful help in the diagnosis, treatment and profilaxies of disease. This is a day of rapid development along medical and sanitary science, and no homœopathic physician can afford to neglect taking advantage of every available means of relieving suffering humanity. We will be aided very much in our differential diagnosis by these means, and much that has been clouded in the past will be cleared up and made plain to us.

Other affections exhibiting an intermittent form of fever are often mistaken for malarial intermittents. I mention pyemia as very apt to be thus confounded. It will be observed, however, that the chills occur at more irregular intervals, and the prostration and other features during the intervals

of the fever are more profound. The etiologic factors and place of residence are to be considered. In doubtful cases the microscopical examination of the blood should be had. Leukocytosis is common in pyemia and absent in malaria.

Acute tuberculosis, and more rarely the chronic form, may present the febrile movement in no way differing from quotidian intermittent, except in the former the pyrexia usually develops in the afternoon and the latter in the forenoon. A careful physical examination usually renders tuberculosis probable and distinguishes it from malarial intermittent. Leukocytosis is common in tuberculosis and absent in malaria. Chills recur despite the use of quinine; not so in malaria, excepting estivo-autumnal type. In tuberculosis the microscope will reveal the tubercular bacilli in the sputum in chronic cases. However, their absence in the early stage does not exclude the disease.

The estivo-autumnal fever bears a strong resemblance to typhoid fever. Its certain recognition demands the detection in the blood of the estivo-autumnal parasite. Typhoid fever has a more gradual onset; the remissions less marked, and has not the epigastric oppression witnessed in remittent fever. Typhoid has its characteristic eruption and gives the sero-reaction, together with the typhoid bacillus in the blood and evacuations of the bowels.

Treatment.

I shall take up very little of your time on the treatment of malaria. It has been demonstrated that quinine will destroy the malarial bacillus of all the different types excepting that of the estivo-autumnal. Cinchona, from which it is derived, has been used since long before Hahnemann's time; and, in fact, was one of the factors that led him to proclaim the law of similars. He discovered that continued and repeated doses of Cinchona would produce symptoms similar to that of intermittent fever. The influence of Quinine is so very certain that many consider a case that cannot be arrested by it as not malaria in character. One-half grain is known to be sufficient to destroy the plasmodia in the blood so as to prevent any detection by the microscope. Quinine is not considered an active germicide, but it is so very destructive to the hematozoon of malaria, it deserves our very careful consideration in the treatment of this malady. I do not wish to be understood as advising its use in every case of malaria, nor do I feel competent to prescribe the size of the dose to be adhered to at all times. I do not believe in specifics and I want to be understood as opposed to routine prescribing in this malady as all others. I have had good success in its use in many cases and have completely failed in others. The success depends very much on the individual case. I am fully persuaded Quinine, even in broken doses, would be injurious to one of very delicate and high nervous organization; likewise, I do not think we would get favorable results from the fifty or hundred thousand potency in the case of one working in the ditch with hog and hominy for his diet, and seldom, or ever, introduced to the bath. These suggestions must be taken into consideration if we expect to succeed in curing our patients and holding on to our job. There is one thing I wish to impress upon your minds that ought not to be necessary in a gathering of homœopathic physicians or, in fact, in that of any intelligent class of medical men, that is never to use massive doses of Quinine, expecting to abort or break up a case of estivo-autumnal fever. As stated before, Quinine has no effect upon the parasites responsible for this type of fever. There is much danger in getting toxic effects from large doses, followed by the following symptoms: Circulatory weakness, caused by depression of heart's action, dyspnœa, delirium, stupor, convulsions, coma, congestion of the brain, producing stimulation followed by depression of the cerebral and spinal centres, congestion and irritation of the alimentary canal and not infrequently hemoglobinuria. Now these are some of the grave conditions we may anticipate in this form of the malady; and would any intelligent physician encourage their developments by the use of such agency? You may ask what my treatment consists of in these fevers. I will answer by saying I have no prescribed course as to the selection of the remedy, excepting that laid down by our illustrious Samuel Hahnemann. I am confident a proper administration of a correct homœopathic remedy will remove the cause of the paroxysms. Let us study each individual case and select our remedy according to the totality of the symptoms. The law of similars will never disappoint us. Let us give less time to potency, the rock on which so many of us disagree, and more time and thought to the study of symptomatology, a law as old as the universe and as unchangeable as the Creator himself.

[Am. Inst.]

THE GENERAL PRACTICIAN AS A SPECIALIST.

BY CHAS. E. SMOOT, M. D., RICHMOND, KY.

To attain the highest degree of success as a general practician necessitates a thorough special, as well as general knowledge of everything pertaining to the Art and Science of Medicine. If this statement be true, and I believe it is, it would seem that any first-class physician should be capable of doing good special work, and that it would be but a step from the realm of the general practician into that of the specialist.

We are living in an age of specialism. We have our great specialists in religion, politics, finance and in every department of art, science, literature and government, so why not in medicine?

All this is well and good, but the complaint is often heard that all specialists are more or less extremists, and this is especially true of the medical specialist, and more so, I believe, of the specialist in surgery.

But it is when special work is done conservatively and with due regard to the condition of the body as a whole, that the specialist achieves his

greatest success and becomes absolutely indispensable to the sick and suffering.

But it is not to the extremist nor yet to that great body of able, intelligent and conservative medical men in our cities, who follow exclusively some one of the great specialties that I wish to call your attention, but rather to the general practicians in our smaller towns who are doing special work.

And my apology for inflicting this on the society is because I know the great need, and also the great demand, for this work that exists in the small towns and rural districts of the State, and, too, because of the hope that I might be able to interest some of my brother practitioners in the work, especially the younger men.

I wish to call your attention to eye, ear, nose and throat work, for it is to that branch that I have given my attention, but what I shall say in regard to it is also true to a great degree of orificial, genito-urinary and gynæcological work.

There is a great field for good both to the physician and his clientele in this work. It is not only remunerative, but the ability to do such work well, adds not only to the physician's self-respect, but also to the esteem in which he is held by his patients and friends. It increases general practice wonderfully, adds to your local reputation and brings you into contact with people that you might never meet otherwise.

The work is interesting and instructive and can be done to a great extent by appointment, thus enabling the physician to use his own and his patient's advantage much time that might otherwise be spent in idleness.

As for the laity, it puts within the reach of all, and especially those to whom on account of limited means and the often-times prohibitive charges made by the city specialist such service is denied, the relief and comfort which results from special work well done by a competent man.

With a knowledge of this work comes the ability to relieve much suffering and to clear up many cases that fail to respond to internal medication and to all other honest efforts made by the general practitioner to give relief. This is especially true of errors of refraction, with the attendant eye-strain, headaches and long and varied list of nervous symptoms.

Time and time again have I relieved headaches of years' standing, by the proper correction of refractive errors, and asthma, neuralgia and hay-fever (so-called) by attention to nasal and throat conditions. The most grateful patients I have are those that have come to me through this line of work, and you may be sure they will sing your praises. If you do no more than take care of the work of this nature among your own patients, and it will necessarily be confined to them at the beginning, it will repay you handsomely for all the time spent and expense incurred in preparation for it. Understand I am speaking especially of eye, ear, nose and throat work.

To sum up the argument in its favor I might say that there is a greater quantity of this work to be done than work of any other nature; that results are more quickly obtained and are greater in proportion to the work done and responsibility assumed; that it does more to build up and retain a general practice; that the work is more pleasant in all its phases, both to physician and patient, and last, but not least, it is more remunerative than any other line of work you might choose to follow.

Of course, there are specialists and specialists, and I am not presuming enough to say nor to believe that the general practician, as a specialist, ever attains that degree of efficiency as a diagnostician, or skill as an operator that is required in handling the more severe and complicated cases, that is enjoyed by our city brother. It is impossible from the very nature of things.

The city specialist, from his larger experience, better equipment in diagnostic measures and for operative procedures, attains a degree of efficiency that is little short of perfection.

But I do believe that in 75 per cent. of the work done by the specialists of the State that the general practician, by close application and care in handling his cases, is able to render service of equal value with that given by the city man. In the more obscure and severe cases he, with his knowledge as a diagnostician and skill as an operator, is supreme.

It is true that we cannot command the same remuneration for this work that he receives, but the fees are such that it is more profitable than general practice, and are large enough to inspire the respect and confidence of our patrons and to add somewhat to our own self-esteem.

The preparation necessary for this work can be had by the medical student at any up-to-date medical school by attendance at lectures on the subject to be adopted as a specialty, by close study of one or more of the best works devoted to a consideration of the subject in hand, and also (and I would tion of the subject in hand, and alsa (and I would emphasize this means because of its practicability) by taking advantage of every opportunity afforded to do, or to see done, clinical work? There is always an abundance of clinical material to be had, in almost any branch desired, at any reputable medical school.

For the physician already in practice who desires to begin this work, there are numerous schools where in six or eight weeks a very practical working knowledge of the subject can be obtained. Then by careful work, as the patients come in, satisfactory results to all concerned will soon be realized and it wont be long until you will be saving your beloved city brother many an hour's hard work.

If you get stuck, and you will, be candid with your patient, tell them you need help and take them to your nearest neighbor, who will take the kinks out for you and then send them back to you for after treatment.

The necessary equipment, at least, to begin with, can be secured for $150.00. This can be added to as occasion demands and your practice increases.

When you are ready for work, start with your prices right. Do special work and charge special prices, and you will find few who do not pay cheer-

fully. Have one price for all, except, possibly, in operative work, where the fee may be regulated by the patient's ability to pay.

If you will pardon the personal reference, but I think it might add weight to my case, I will say that my work for last year included tonsillotomies, removal of polypi and nasal spurs, removal of foreign bodies of the eye, ear and nose, injuries and inflammatory conditions of eye and ear, numerous cauteries and local treatments, with 330 refractive cases, with fees running from $.25 for a local treatment to $40.00 for removal of polypi, operating both nares.

Read before the Kentucky Homœopathic Medical Society, at Lexington, May 21, 1908.

The Hospitals.

BUFFALO ROCK SANITARIUM.

It can be said that modern medicine has developed this fact: that a great many cases can be cured by a change of environments, hygienic care, good pure air, 24 hours every day, liberal, nourishing diet, with careful treatment.

BUFFALO ROCK SANATARIUM.

Experience has proven that this cannot be accomplished in the old line hospitals. Just having the windows open is good, but the best results come in having these cases breathe the pure out-door air 24 hours every day. The wholesomeness of out-door life is becoming more apparent every day, but there must be some system and regulations to get the best results, for tuberculosis is found in rural as well as city homes.

Buffalo Rock Sanitarium is beautifully located, adjoining the Illinois river, just three miles west of Ottawa, Ill., and only two hours' ride from Chicago. The company have over 100 acres, and is easily reached from Ottawa, or La Salle, by electric car or carriage.

The Colorado house tent and connected cottages, with central dining room, are used, and accommodate 40 patients.

There is no cramping for space, no unnecessarily near neighbors, plenty of air to breathe, plenty of sunshine and shade. The farm furnishing an abundance of fresh milk, butter and vegetables. An artesian well, six hundred feet deep, gives an unlimited supply of excellent water, mildly stimulating to the eliminating organs; the water is pronounced by the State chemist absolutely free from bacteria.

Buffalo Rock is an historic spot, and is the location where many important events in the history of our State and nation occurred. In early days before, and for some time after, the white man appeared in that locality, Buffalo Rock was the possession and camping ground of the once famous Miami Indians.

The rocky promontory stands up abruptly one hundred feet above the Illinois river and the surrounding valley; toward the west it has a gradual slope of five miles along the north bank of the Illinois river.

Buffalo Rock is composed of a mass of solid sandstone; the upper surface of the bluff for about forty-eight acres is fertile soil, and is covered with massive white oaks and other fine forest trees. The bluff is bounded on the south by the Illinois river, on the east by the county farm, belonging to La Salle county; on the west by a fruit form and vineyard, on the north by a hard pike country road, an electric railway, the Illinois and Michigan canal, the double-tracked Chicago and Rock Island railroad, and still further north by beautiful and picturesque bluffs, seventy to eighty feet above. Standing upon the top of Buffalo Rock one can look up or down the Illinois river and across the river over a wide panorama of beautiful country filled with living evidences of man's industries.

At the foot of the bluff the ever-changing surface of the river, beyond the cattle feeding on the slope, the farmer working on his land, the slow plodding farm horse, the swiftly moving electric car, and the long, heavily loaded Rock Island trains put life into the picture and hold one's constant attention.

Dr. Jos. P. Cobb is president of the company and general superintendent of the Sanitarium work; he is very largely responsible for the establishment of the enterprise and for its present successful conduct; he is personally devoting a good deal of his time and energy to its increasing demands. Many physicians prominent in Chicago and Illinois are associated with Dr. Cobb, among whom we find Dr. A. E. Smith, of Freeport; Drs. Blackwood, Aurand, Harvey, Kalkle and Swan, of Chicago; Dr. Bascom, of Ottawa; Dr. Blackman, of Dixon; and Dr. W. E. Taylor, of the Western Illinois Hospital for the Insane. A number of the laity promi-

nent in the philanthropic work of Chicago are also actively connected with the institution.

The writer recently spent the day at the Sanitarium and was charmed with the natural beauty of the location, the absolute quietude, the simple, yet home-like individual cottages (both canvas and concrete) and the restfulness of the distant panorama. The institution makes special efforts to furnish a restful out-of-door home life for convalescents, to use nature's best aids in the upbuilding of patients suffering with mild dementia, nervous breakdowns, drug addictions.

A few cases of tuberculosis in the early incipiency are accepted.

A cordial invitation is extended to the medical profession and others interested in this line of work.

Societies.

DR. ORME'S LETTER TO THE SENIORS.

June, 1908.

To the Seniors of the A. I. H.:

Beloved Brethren:—Wherever Homœopathists are gathered together—especially seniors—there do I love to be, in the midst. This is a feeling that waxes strong about this season of each year, when I think of the gathering of our Institute friends, and the migratory instinct wrestles with me. But fate again gives me denial, and I must content myself with sending a word of greeting, and assurance of my kind remembrance and my best wishes.

The cause that yearly brings together men of years—drawing them from long distances, and from home duties must have something in it. Then there is the evidence of continued existence; for you know, dear Dr. O. W. Holmes, prophesying, about seventy years ago, gave our system only twenty-five years to live, after which to be heard of no more.

It is useful, sometimes, to indulge in reminiscences, and, on request, I contributed some, which appeared in the June number of the Medical Century, some of which may interest some of you.

In a month or two may appear also an article on "The Controversy on Homœopathy," in which I take to task the high and mighty American Medical Association—the representative of the arrogant sect which has sectophobia, and which fancies itself to be "the whole thing." Later, as I have been requested to do so, I may contribute some reminiscences of the Homœopathic Yellow Fever Commission of 1878.

These contributions to journals keep us, to some degree, in touch with one another, and there is not one of you but could send in to some journal something that would be read with avidity and advantage. Your words, your experience, and your wisdom, would be valued, and would, even to coming generations, be pleasant mementoes.

Affection for you all constantly wells up in my bosom. Whenever one of you shall come this way, let it be my happiness to see you under my roof.

When the "loving cup" is passing around, or on other proper occasion, let some one present for me, with love for each, this sentiment.

To the seniors of the A. I. H.: You are noble, brave, old doctors, who have done a world of good; you have had calmuniators who'd have "downed you" if they could:

But your banner is not trailing,
It is moving, waving on,
And it still will be advancing
When we Seniors shall be gone.

Faithfully yours,
F. H. Orme.

The Library.

BOOK REVIEWS.

Lectures on Diseases of the Nervous System.

Third Series. The Border-Land of Epilepsy: Faints, Vagal Attacks, Vertigo, Migraine, Sleep Symptoms and their Treatment. By Sir William R. Gowers, M. D., F. R. C. P., F. R. S.; Hon. Fellow R. Coll. Phys., Ireland; Member of the Soc. de Médecins Russes of St. Petersburg and of the Royal Soc. de Science of Upsala, etc. Philadelphia: P. Blakiston's Son & Co. 1907. Price, $1.50.

The personal service done by the printer under Dr. Gowers at the Hospital for the Paralyzed and Epileptic, London, England, was a wonderful object lesson. To watch this man examine a case, to see how carefully he noted what seemed to the onlooker to be a most trivial symptom and then, later, to have him demonstrate its importance, was to realize that here was a man best fitted to study the complex conditions arising in the nervous symptom. In the present book, he takes up conditions which are, for the most part, dismissed in text-books with just a word, and often a very unsatisfactory word, one of no help to the searcher for help. The title page tells of the range of subjects, and they are important, indeed. Take, for instance, the chapter on Vagal Attacks. The term is new, but it applies to many disturbances of the pneumogastric. "The symptoms comprehend subjective gastric, respiratory and cardiac discomfort, sometimes cardiac pain and even a sense of impending death." Very few of us but have had patients complaining in this way. Dr. Gowers takes up in a plain, concise way, discussion of these conditions and suggestions for the treatment of the same. So he also does with the other conditions named above. The book is certainly up to the standard set by his other works and that is saying much.

The Council of Medical Education held a meeting at the office of Dr. J. P. Sutherland, in Boston, on July 21. All were present save Dr. Gates, of Kansas. Much important work was accomplished and plans made for energetically pushing the propagandistic movement.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHBY HORNER, A. M., M. D. . . . . Associate Editor.

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Subscription, Two Dollars Per Annum.

SEPTEMBER 1, 1908

Editorial.

THE PROTECTION OF THE FAMILY.

The average man does not know that there is in this country a National Society for the Protection of the Family. Yet there is and it is doing good work, though in a quiet and unobstrusive way. It is one of those little societies which start out with some one object in view and keep hammering at that idea until one day the world sits up and looks around and realizes that there has been something doing for awhile. The real thing which justifies the existence of the League is that it is working to improve the marriage laws of these United States. That's a big task. If it were possible to have some action by Congress which would cover the situation, possibly it were easier to do something, but when one has to deal with—is it forty-six with Oklahoma?—States, each with its own legislative body, and all that that implies, the task of not alone getting legislation, but what must come before that, educating the people, becomes one of the first magnitude.

Yet there is no question in the minds of every thinking man that there is vast need for some drastic legislation along just that line. The marriage laws of the different States are capable of improvement in a great many ways. Something has been accomplished already. "New York has advanced from laxity to elaborate regulations. Massachusetts and New Hampshire have made further regulations of the marriage of minors. Maine now requires a certificate of ministerial standing from ecclesiastical bodies to guarantee the qualification of ministers to officiate in marriages. California requires the written consent of parents to a marriage. New Jersey and Delaware have enacted entire the proposed Uniform Divorce Law." So that, as we have said, something has been accomplished, but when we think of the needs in this line, that something is but little.

One important effort is being made and that is the practice of what are called "Gretna Green" marriages. Some restriction should certainly be placed about the marriage act which would prevent marriage of two persons by one who knows absolutely nothing about them. The officiating person should know something outside of what the marriage license tells him.

In other words, it ought to be made impossible for a couple to go into another State and marry among total strangers. California has taken a step in this direction. So, presumably, have New Jersey and Delaware, though, not knowing the requirements of the Uniform Divorce Law, we do not know. Possibly in a few instances the requirement of the consent of the parents would work a hardship, but we have progressed far enough along the line of management of boys to believe that the opinion of the parents is quite important and mostly reliable. So we endorse that idea.

An important part of the work of the League is one with which every medical man will feel a sympathy. It is attempt to protect the family from the ravages of sexual disease. Some time ago, we had occasion to refer to this in reviewing an address by Dr. Frank Lydston on the Social Evil. That there is in this danger a serious menace to the entire people, cannot be gainsaid. Any operating gynecologist will, without hesitation, affirm the statement that in venereal diseases are found the cause of a large proportion of the surgical diseases to which woman of this twentieth century are prone. Time after time does it occur in the practice of the family physician that he is able to trace the continued ill-heath of the wife and mother to disease contracted before marriage by the husband and from which he has been presumably freed. But the doctor who is so free with his declaration of cure does not take into consideration that punisher of evil-doing, the prostate gland, in which gonococci may lurk for years, only to be roused from lethargy by the excesses of the honeymoon or the indulging of the appetite for alcohol. It would be a bit too drastic to insist that the person once affected with gonorrhœa should never marry, should never again have intercourse, but it would, by a large number, lessen the victims which the surgeon has to mutilate, and add to the happiness of thousands of women.

That there should be some legislation along this line, goes without saying, and just what that should be and to what extent it should go, such bodies as

this League, acting under the advice of responsible medical societies, are the best ones to judge. In one or two States, there has, we believe, been a law passed requiring certificates of health from parties desiring to be married. Just how far this goes and just what is accomplished, we are not prepared to say. But we do say that there is a crying need for some such legislation. With The Outlook, we endorse the work of the League, and wish that its powers might be infinitely broadened. We are pleased to refer those interested, to the secretary, Rev. Dr. S. W. Dike, Auburndale, Mass.

In the Medical Record for July 11th, is an article by the eminent authority, Havelock Ellis, M. D., London, England, being an address recently delivered before the Chicago Women's Medical Club. He took as his subject, The Conquest of the Venereal Diseases. It is a thorough review of the whole subject and merits wide distribution.

EDITORIAL BREVITIES.

Changes in Institute Appointments.

President Foster, at the meeting of the Executive Committee, of the American Institute of Homœopathy in Kansas City, on August 17, made a few changes in the appointments of committeemen, etc., from those announced at the meeting.

It was no easy matter for the President to make suitable or satisfactory appointments in the short time permitted him at the meeting, as he, doubtless, did not know that President Copeland was to waive his prerogative of making appointments, so that the incoming President should select his own co-workers. This accounts for the overlooking of sections of the country entitled to recognition.

While no fault can be found with the appointees themselves as announced, all being good men, the President thought that possibly there was a preponderance in one locality over another, and to equalize this, he, with the consent of the Executive Committee, made the following changes: Dr. T. G. McConkey, of San Francisco, a member of the Council of Education, in place of Dr. W. J. Gates, of Kansas City; Dr. N. B. Delamater, of Chicago, chairman of the Transportation Committee, in place of Dr. A. H. Baldwin, of Kansas City. Dr. Baldwin to retain his place on the committee as a member.

We regard this as a wise and judicious move on the part of President Foster. There is no one in the Institute more deserving of honor than Dr. W. J. Gates, he worked hard and faithfully for the success of the Kansas City meeting, and the good time we had was largely due to him. However, Dr. McConkey, we believe, should never have been replaced by anybody on the Council of Medical Education, unless it was by someone from the Pacific coast. In the original plan of the Council, the division of territory was considered in the appointments, and the distribution made from the Atlantic to the Pacific to facilitate the work and to minimize expense. Dr. McConkey, moreover, has had a year of the work, and I think all members of the Council will agree that it requires time to familiarize themselves with the work and its requirements.

Dr. Gates would have made an excellent man on the Council, but he would have to spend a year in getting in touch, as all the other members have done, and the work is so important that no time should be lost.

Both Dr. Gates and Dr. Baldwin are new Institute members and workers. They have both done good work and their time for honors will come.

Dr. J. Richey Horner, Secretary.

The Executive Committee of the American Institute met in Kansas City, Mo., on August 17, to choose a successor to Dr. Frank Kraft for secretary. All members of the committee were present, save Dr. J. H. Ball, who was unfortunately detained by illness. Dr. J. Richey Horner, of Cleveland, was unanimously chosen for secretary.

This we regard as fitting choice and a wise one for the Executive Committee to make at this time. Dr. Horner served the Institute faithfully in this capacity once before, and the volume of the Transactions he issued on that occasion has never been beaten. Further than this, the Doctor, for the past two years, has been very close to Secretary Kraft, and aided this gentleman very materially in his work, a fact that Dr. Kraft repeatedly mentioned to the writer. Being thus familiar with the work of the office, it was but just to ask him to take the secretaryship at the present time, and aside from the justice of the thing, Dr. Horner is one of the progressive spirits of the Institute and one of the stalwart Homœopaths of that body. He will place no stumbling block in the paths of those who have the expansion of Homœopathy in hand, but will use all the force he has in his make-up to further any plans looking to that end. There is no better Homœopath in the Institute than Dr. Horner, and no better choice could have been made by the Executive Committee for Secretary.

D.

The Southern Homœopathic Medical Association.

Under date of August 18th, the President and Secretary have issued a circular letter asking for the assistance of all good Homœopaths in raising this association to a useful and energetic life. This seems to be a critical period in its existence. The time was when the meetings were well attended, but for some reason or other the officers see in the future nothing but disaster unless something definite is done.

There ought to be no difficulty about this. There is certainly a wave of intensified interest in matters homœopathic sweeping over the country. This is evidenced by the fact that large numbers of new members are being gathered into the various State societies, as well as by the enthusiasm which resulted in the raising of over six thousand dollars

in half an hour's time at the recent Institute meeting, the money to be used for the propagation of Homœopathy. So it seems to us that our brethren of the great South should be encouraged by these facts and go forward with renewed strength.

Two dollars each year is not much, and even if you cannot attend the meetings your membership would be a help. The editor of the Medical Century has been a member for years, and now that the associate editor has advanced to senior rank in the Institute, he is going to become a member of the Southern Association. Let us all help with our little mite, and the work will be done. Join the Southern Association, now.

Statistics of Our Colleges.

The "Education Number" of the Journal of the American Medical Association is before us. We find a great discrepancy in the statistics given of the homœopathic colleges. It is stated that there were ten less graduates from our colleges in 1908 than in 1907. This is absolutely false. There were seven more graduates in 1908 than in 1907. Even the number of graduates given in this report falls short by twenty-eight.

Further, in the tables of statistics, we find errors in twelve out of our eighteen colleges as to numbers of students or graduates.

Correcting this error of statement as to the number of our graduates and accepting the figures of the report as to the allopathic, eclectic and physio-medical schools it is found that the homœopathic school is the only one that showed a gain in its graduates of 1908 over 1907.

What is the cause of these errors? Is it the desire to avoid making the truthful statement that the homœopathic school was the only one showing an increase, or is it insufficient and careless information on the subject.

Editor's Table.

GENERAL NOTES.

Dr. R. S. Copeland, of Ann Arbor, was married on July 15th, to Miss Frances Spalding, of that city. The Medical Century offers heartiest felicitations.

Dr. John B. Garrison spent the month of August at Walters' Park, Pa. He returns to his work on September 15th. During his absence Dr. J. E. Downey attends to his office.

The American Institute of Homœopathy Journal Committee had a meeting in Chicago early in July, and formulated plans for the work. Dr. George Royal resigned the chairmanship, and Dr. B. F. Bailey, of Lincoln, Nebraska, was chosen chairman and Dr. J. P. Cobb, of Chicago, secretary.

Nine towns of Mascsachusetts have homœopathic physicians on their Boards of Education.

The Council of Medical Education has issued to the various State Boards of Medical Examiners a report of the work of inspection of the medical colleges visited by members of the Council during 1907-1908.

The Pennsylvania Homœopathic State Society will hold its annual meeting in Harrisburg, September 22, 23 and 24.

There was a great deal of interest shown by the physicians of New England in the Clinical Week of Boston University School of Medicine, recently held. Fully as many applications were received from allopathic as from homœopathic physicians, which show that the former are looking around for something better. The B. U. S. M. could furnish it all right.

There is an excellent opportunity for an eye and ear specialist in Louisville, Kentucky. The right man would have the chair of ophthalmology and otology in the Southwestern Homœopathic College. The former occupant of that chair has removed to a mountainous region owing to ill health.

Dr. W. A. Dewey has been selected as Chief Field Secretary of the American Institute of Homœopathy for the propagandistic movement. The Doctor expects to visit as large a number of societies as possible during the coming winter and the other members of the Council and its auxiliary committeemen will be deputized to help carry on the work. Invitations to societies will be welcomed by the Council.

Dr. Wm. Boericke, of San Francisco, is spending a few weeks among his friends of Boston, New York and Philadelphia.

Dr. C. E. Fisher has completed his work in the Construction Hospital at Altapass, N. C. The Doctor has gone to Alaska for a brief outing.

The New York State Homœopathic Society meets in Elmira September 22 and 23, 1908. A large attendance is expected. It is hoped that as many of the Alumni of the New York Homœopathic College will be present as possible.

Dr. Geo. H. Martin, of San Francisco, and his amiable wife, Dr. Eleanor, are motoring in the Tyrol. They attended the Marathon race in England. Our next issue will contain an account of the same.

Dr. A. B. Norton has been touring through France and the Netherlands during the summer, making his headquarters at Paris.

Dr. W. W. Blackman, of Brooklyn, spent a portion of the summer at Douglas Hill, Maine, getting next to to Nature.

Dr. James C. Wood, of Cleveland, joined his family, August 1st, at beautiful Wildmere, Minnewaska, Ulster county, New York. He has had a very strenuous year, never having been busier. His last operation, undertaken in the heated days of July, was a great strain upon him on account of its importance and seriousness of the complication. He certainly deserves his rest. He returns to work September 1st.

Cleveland was honored with a visit August 19th from Dr. Thos. Franklin Smith, the treasurer of the Institute. Dr. Smith was on his way home from a meeting of the Executive Committee, at Kansas City, and made a call on the newly-elected secretary, Dr. Horner. He has had a hard summer, by reason of complications in Institute matters, but stands it well and looks good for another quarter of a century. So may it be.

Dr. H. F. Staples, of Cleveland, spent a week cruising with his division of the Naval Reserves, of which he is surgeon. He stood the storm well and does not seem to have become much emaciated.

The Homœopathic Hospital has been closed since August 1st, undergoing needed repairs and renovation. After a service of some fourteen years, Superintendent Webber has resigned and the hospital is to be opened October 1st, under a new management and with new ideas.

Dr. H. F. Biggar has endowed his high position of Honorary President of the Institute with life and energy. Certainly the Senate of Senators made no mistake in offering him as their candidate for the position. He is taking a particular interest in the propagation work, which, by the way, was made possible by his energy and forcefulness at the Institute meeting. Homœopathy owes him much.

The Pittsburg Homœopathic Hospital recently met with a delay in the work on its new building by reason of heavy rains undermining the unprotected foundations, causing a loss of some thousands of dollars, which we are given to understand, falls on the contractor. The Ladies' Association connected with hospital made about thirty thousand dollars at a fete given for the purpose of raising funds for the furnishment of the new hospital. Great workers are those people in McClellandtown. They have done a lot for the cause of Homœopathy.

Dr. H. H. Baxter, of Cleveland, was gone for the month of July, on a trip down the St. Lawrence. From there he went to the White Mountains, taking in Mt. Washington, and finally landed on the New England sea shore. When he arrived home he certainly showed the good effects of his journey.

Dr. Thos. H. George and Mrs. Nellie Nadine Jones were married recently at the home of the bride in Cleveland. They had their honeymoon journey in the doctor's automobile. The Medical Century extends hearty congratulations and best wishes. Dr. George has the department of anæesthetics in the Cleveland Homœopathic Medical College.

There is a splendid opening for the right man at Erie, Pennsylvania. Any one interested, would do well to write to Dr. Edward Cranch, No. 109 West Ninth Street, Erie, Pa.

OBITUARY.

Dr. John C. Shaw.

New Bedford, Mass., July 2, æt. 51. Hahnemann College, Philadelphia, 1882.

Dr. Carl E. Waldeck.

Cleveland, O. Cleveland Homœopathic College, 1895.

Dr. Lawrence E. Whitney.

Carthage, Mo. Homœopathic Medical College of St. Louis, 1879.

Dr. Whitney was one of the most prominent Homœopaths of Missouri. He was always interested in society work, and a lovable gentleman.

Dr. Walter C. Baker.

Philadelphia, Pa., July 27. Hahnemann Medical College of Philadelphia, 1904.

Dr. E. L. Grauer.

St. Louis, Mo., July 24, æt. 23. Homœopathic Medical College of Missouri, 1907.

Dr. Wm. G. Cole.

Guerneyville, Cal., æt. 41. Hahnemann Medical College of Chicago, 1891.

Dr. E. V. Brown.

North Tarrytown, N. Y., July 26, æt. 71.

Dr. Brown was an allopathic graduate, but practiced Homœopathy.

Dr. G. A. Ordway.

Cochituate, Mass., July 22, æt. 64. Hahnemann Medical College of Chicago, 1893.

SOUTHERN HOMŒOPATHIC ASSOCIATION.

First Notice.

Dear Doctor:—

Your assistance for Homœopathy is needed at once, right now.

The Southern Homœopathic Medical Association, the most important interstate or sectional society of our school, has reached a seriously critical period. The pending question is, will it continue to exist, or, go out of existence for want of support?

Can we afford to sacrifice this one-time prosperous organization? We need its influence for the progress and defense of Homœopathy. Now, especially that the American Institute has started a propaganda to advance our cause in every section of our country, it would be little less than criminal to allow it to die.

By the first of October, at latest, the secretary must know whether or not, sufficient support is pledged to warrant the undertaking of a meeting. In the meantime all preliminary arrangements will be made for active work, and, if reports are favorable, you will be informed of the exact dates of the meeting.

Answer at once. Your co-operation must be secured. If you are in arrears, pay in your dues for 1908, or, if you wish to make a contribution, send either to the treasurer, Dr. R. S. Moth, Macheca Bldg., New Orleans, La.

If you are not a member, notify the secretary

that you will join the organization. Every recipient of this notice is expected to inform him that he or she is getting busy and determined to help in every way possible. Success depends on each of you individually.

N. B.—No initiation fee. Annual dues, $2.00.

Fraternally,

V. H. Hallman, M. D.,
President.

Edward Harper, M. D.,
Secretary.

Drs. Hallman, president, and Harper, secretary, of the Southern Homœopathic Association, are putting their shoulders to the wheel, and are going to work for a grand meeting of this society in New Orleans next February, at the time of Mardi-Gras.

The Southern has always been a power in the South, and we wish to urge as large an attendance from the North as possible. Let us make this a regular Mid-Winter Institute. New Orleans, on account of its location, is unsuitable as a meeting place for the Institute, which meets in June, but there is no reason why several hundred Northern Homœopaths could not make the trip in the month of February, at the time of the carnival, when all is gay in the Crescent City, and railway rates are cheap. They need us in the South, and there is much homœopathic sentiment in the old home of Holcombe and Bailey.

LETTER FROM THE SOUTH.

To the Medical Century.

Now that the American Institute of Homœopathy has advisedly taken the right step towards the propagandism of Homœopathy, let me suggest that there is no soil more ready for it than that of the sunny South land, whose genial clime is very conducive to its growth and development, as thoroughly demonstrated by those pioneers,—Dake, Orme, Angel, Burritt, Holcombe, Murrell, Morse, and others, who have introduced the law of similia into their respective localities in such a manner as to win the respect and esteem of even those who have never taken a dose of it, as, for instance, those in Mobile, who were personally knowing to the results of the homœopathic treatment of yellow fever in 1878, when Dr. Murrell held the record of not losing a single case out of the many that he treated, and those people say to-day that if the yellow fever were to appear again to-day that they would desert their old doctors and take Homœopathy because they know what it did then.

Where there was one physician then there are only a handful now, and why, because the new graduates are afraid of the examinations, when they ought not to be afraid of anything after graduating from a homœopathic college, for don't they have to learn all the old school teach and Homœopathy besides. Let them come South and treat pure Homœopathy according to Hahnemann's teachings and they will succeed anywhere they will drop down, even in the pine woods, like I have.

That there is truth in homœopathic treatment, is well demonstrated by the constant entreaties from those who have had it once, to send our physicians to their towns that they may escape the dangers of calomel, bluemass, morphine, strychnine and the anti-route which is so undeniably in league with the undertaker and the grave yard.

Just think of the capital of a State like Alabama without a homœopathic physician within a hundred miles north, two hundred miles south, and none nearer than Georgia on the east, or Mississippi on the west. I refer to Montgomery, Ala. Selma, Anniston, the Decaturs, Huntsville, and other large cities of the State have been begging with their arms open for a Homœopath for years; and there is room for more of them in Birmingham and Mobile, if the right kind (i. e., true Homœopaths) only go there.

There are less than a dozen of our physicians, good, bad and indifferent, in the whole State; and Mississippi, with her world renowned winter resorts on the gulf coast, and springs in the interior, has but three homœopathic physicians within her borders, according to Polk's Directory of 1906. The Carolinas can count theirs on one hand; Georgia is not much better, and Florida could stand many more than the few it now claims. The South is the battle ground for Homœopathy in the future; it is only a missionary station at present.

Sincerely,

A. M. Duffield.

Citronelle, Ala.

The Principles and Practice of Hydrotherapy.

A guide to the application of water in disease, by Simon Baruch, M. D., Columbia University, New York, etc. Third edition, revised and enlarged. Price, $4.00, net. New York: William Wood & Company. 1908.

The importance of this branch of treatment has recently been emphasized by the establishment of a special chair on this usually neglected subject in one of our prominent universities, with a clinic for the individual instruction of students and other conditions placing hydrotherapy on an equal footing with other important branches of instruction.

This being the fact, it behooves the man in practice to know something concerning the use of water in the treatment of disease, and there is no book published that will better answer his purpose. We have had both the former editions and have used them in the preparation of our lectures on the subject. Hence we are speaking by the book when we recommend it to our readers.

This volume brings the subject up to date, and should be in the hands of all who wish to keep abreast of the times.

Dr. J. B. Gregg Custis spent the summer at Camp Virginia, Clayton, New York.

Dr. J. P. Rand has purchased a new residence at 5 Benefit Street, Worcester, Mass., where he will also have his office.

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Psychology.

THE MARATHON RACE---A PSYCHIC DEFEAT.

BY GEORGE H. MARTIN, M. D., SAN FRANCISCO.

The subtle emotions of the human mind, manifesting themselves in the constantly varying conditions of individual life, have more to do with the success or failure of the individual, than all other mental forces combined. We may talk of the well-disciplined intellect, if we will; of the judicial mind, which coldly and passionately weighs all of the evidence in a given case, and then renders a decision according to that evidence, if we must; but above all intellect, above all calculating mind, are the emotions, which, while a product of the mind, are so often beyond its conscious control, that the individual is completely overwhelmed by their mastery. Love, hate, joy, sorrow, fear, are all capable of spurring one on to greater activity; or by their very intensity, paralyzing every function of the body. There are not many questions, pertaining to human life, where the welfare of an individual is at stake, which are not, to a greater or less degree, influenced by the emotions; but it would hardly seem possible, that the result of a great athletic event, the runnig of a great race of an international character, would be decided by any such elements, and yet, I believe that I can clearly prove it to be true.

The great Marathon Race of 1908, was run from Windsor Castle to the Stadium at Shepherds Bush, London, July 24th. The course was twenty-six miles and three hundred and eighty-five yards long; the three hundred and eighty-five yards being on the course within the Stadium. There were fifty-five starters, representing fifteen different nations. The day was hot and sultry, and the race was started at 2:33 P. M., the hottest part of the day. Along the course, it is estimated that there were a million and a-half people watching the runners; while there were a hundred thousand in the Stadium to see the finish and greet the winner. It was a setting, from start to finish, which might well overcome the strongest heart. England's beloved Queen, with many members of the royal family, was also there, to add to the interest, and to cheer the victor. Never before in the history of the world had such a concourse of people gathered to witness a race. The excitement, all along the road, was intense.

The pace set by the Englishmen, in the beginning of the race, was rapid, and the first five miles were run in twenty-seven minutes. The half way time, thirteen miles, was covered by Price, English, in one hour and fifteen minutes, with many of the competitors right behind him. In the fifteenth mile, Hefferon, the South African, gained the lead, followed by Dorando, the Italian, and Longboat, the Canadian Indian, who was rapildy overtaking them both; time, 1 hr., 28 mins., 22 secs. The pace and the heat were telling terribly upon them all, with the exception of Longboat, who was running remarkably well, and looked like a winner. At twenty miles, Hefferon was ahead and Dorando 3 minutes behind him, with Longboat out of the race entirely, he having given up at the end of the seventeenth mile. The twenty-first mile was run by Hefferon in the rapid time of 6 mins. 12 secs.; but the same mile was covered by Dorando, who, at this time, was three minutes behind him, in 5 mins. 54 secs., most astonishing time, at such a stage of the race. It was this royal mile which caused the downfall of Hefferon, and, in fact, slowed up both of the leaders, for the twenty-second mile consumed 8½ minutes for Hefferon, and 8 minutes for Dorando. In the twenty-third mile, Hayes, the American, came within a hopeful distance of the leaders, running good and strong, followed three minutes later by Welton, another American. In the twenty-fifth mile, Dorando passed Hefferon, who was certainly giving out rapidly. At this time, Dorando was running splendidly; but if he had slackened a little after he had passed Hefferon, which he could well afforded to have done, the result of the race might have been different. In the twenty-sixth mile, Hayes, who was running strongly, passed Hefferon just outside the Stadium gate.

What about the scene in the Stadium, while this was all going on? Live as long as I may, I never expect to realize another half hour of such nerve-racking excitement as I experienced just before the closing of the race. As the different reports were brought in, of the progress of the runners, it was difficult to tell who the winner might be, until the last ten minutes, when it seemed as if the Italian would win, with the South African second. At that time, we had not heard who the third man was, or where he was. The race seemed to be between these two. As they drew nearer and nearer to the great Stadium, the intensity of the suppressed expectancy, of that vast multitude of people, was acutely painful in the extreme. No attention was paid to

the pole vaulting that was going on, or to the swimming events, that were being concluded. Even the policemen, who were keeping the track clear, were restless, and shifted uneasily in their places. There was a hush over all. One could hear and feel the beating of his heart. No word was spoken as the heavy, fateful moments dragged themselves along. It was like the suppression of a huge volcano that was ready to burst forth at a given signal, with a volume of sound that would carry the very souls of the multitude with it. It was a psychic phenomenon, which was felt by every living being there. Women were almost fainting; men were pale with suppressive emotion. I, myself, was amazed at its effects, and wondered what it all meant. I remarked to a person on the seat beside me, a few moments before the first runner appeared at the entrance of the Stadium, that the man who could withstand the shock of the tremendous outburst of pent-up human emotion, which was found to greet him the moment he appeared, must have the nervous organization of a mammoth. It seemed as if it must surely carry him off his feet, and that was what it literally did.

Ten minutes before the arrival of the runners the megaphone man called out, "Clear the track for the Marathon Race, they are almost here." Expectancy was now at its highest pitch. Suddenly there was a rush at the entrance; every eye was turned that way. The hush of death pervaded the whole scene. All at once, in came the first man, running heavily but well. Instantly the volcano broke forth, with a pandemonium that was beyond description. But it was for only a moment; when the man was seen to stop and reel; he staggered in the opposite direction from which he should have gone, part way around the course, to the tape on the other side of the arena, opposite the Royal Box. He was directed aright, and then started slowly, to go as he should, to cover that final three hundred and eighty yards. In a moment a cry of horror went up from that vast throng, as he was seen to fall heavily to the ground. It was Dorando, the Italian. He soon recovered himself, but only to fall again, a few yards further on. A second time he arose, and pushed himself along. Still a third time he went down, and then a fourth. Would this awful strain never end? Was the man, with the prize almost within his grasp, to die before reaching the goal? Were we to have portrayed before our eyes a repetition of the result of that first great Marathon Race, 450 B. C., when Pheidippides ran from Marathon to Athens, to carry the news of victory, and fell dead as soon as he had uttered his message? It seemed so, and the thought was not a pleasant one to those hundred thousand spectators who had come there to see the finish of a race started in the spirit of friendly rivalry. It was not pleasant to feel that that race had been paced by death.

Just here, that happened which disqualified Dorando, and gave the race to another. As he fell the fourth time, a mighty shout arose as another man put in an appearance on the track. It was Hayes, the American. The officials and attendants around Dorando shouted into his leaden ears, chafed his useless limbs until they got some spark of vitality into them, and then picked him up, put him on his feet, and fairly pushed him to the tape, which his closed eyes could not see, a half minute before Hayes arrived at the same place. It was a sickening sight, as Dorando, with the last spark of energy that he had left within him, broke into the semblance of a run, to cover that last ten yards before he was overtaken by the American. I sat near the finish line, and could see clearly just what occured. Dorando was certainly put upon his feet, right here. From the standpoint of a physician, judging from his appearance and his every act, I am satisfied that Dorando could not have reached the tape if he had not been helped; he could not have arisen, unaided, before Hayes would have overtaken him.

Now, as to the cause of his defeat. All through the race, from the start, he ran a splendidly, consistent gait and even after he passed Hefferon in the twenty-fifth mile was not very much used up. From where I sat, I could see him clearly, as he came into the Stadium entrance. He was running somewhat wearily, but well. Even if had simply walked around the track, he would have won, for he arrived at the entrance, three full minutes before Hayes. But he was simply overwhelmed by the out-burst of pent-up enthusiasm which greeted him the moment he faced that vast multitude of people. I am borne out in my conclusion by his own words, uttered that very night after he had regained, in a measure, his lost strength.

"I felt all right, until I entered the Stadium, and then, when I heard the people cheering, and knew that I had nearly won, a thrill of emotion passed through me and I felt my strength going."

The bioscope pictures, taken at the moment he entered the Stadium, also showed him to be running well, proving that he was not exhausted at that time.

It was surely a psychic defeat.

Here was a man, small in stature, fragile in build, of a highly nervous organization, and coming from a race of people noted for their emotional natures, exhausted by a prolonged and tremendous physical strain, suddenly thrust before a great concourse of people, who have been waiting for hours, with a gradually increasing emotional tension, which, finally amounted to acute agony on account of its intensity; who, the moment he put in an appearance, gave vent to their pent-up feelings, in a demonstration, which it is the fortune of but few mortals on earth to be the recipient of.

It was like a thunder-bolt from out of a clear sky, and its effect upon Dorando was that of "shock," mental and physical. It was the accumulated emotional feelings of one hundred thousand individuals, hurled with all of the intensity of a great force, against that one, poor, little man, producing a "shock" analogous to that caused by a blow upon the head or by an earthquake. It was real; it was material, in its effect.

Is it any wonder that he was overwhelmed? Is it not a wonder that he did not die, then and there?

When you add the fact, too, that he was made delirious by the knowledge that he had almost won the prize for his beloved Italy, and that the eyes of the world would be upon him, is it any wonder that he failed just on the brink of success? It must have been a marvellous man that could have stood it. In all walks of life it requires a stronger man to bear sudden success to the end, than it does to win a prize, and we surely have a good illustration of it here. Too much cannot be said in regard to the wonderful pluck of Dorando in forcing himself up so many times after having fallen, when it would have been so much easier to have lain down and died. The same emotional nature, which had enabled him to pass all competitors on the road, was his undoing, when just within sight of the goal, because it was not sustained.

It is too bad that Dorando was not allowed to lie where he fell, so that the victory of Hayes might have been more decisive. I presume that if he had been allowed to remain on the ground where he had fallen, and Hayes had passed him, when he was just within reach of the goal, with that clear cut gait with which he was running, that the outburst of enthusiasm, which would have broken forth as a reaction from the awful strain which that great number of people had been put to, by the most tragic ending which had just taken place before their eyes, that there would have been a psychic result, which would have beggared discription, and may have affected many people to such a degree that they might never have recovered their equilibrium. One must have been there to have realized all of this, for the phenomenon was out of all proportion to its cause and is hardly explainable.

When Hayes came to the finish he was in splendid condition; somewhat weary, to be sure, but running with a clean, easy stride, which was beautiful to behold, after the pitiable gait of Dorando.

The other Americans, Forshaw and Welton, that finished third and fourth, also ran remarkably clean at the finish. They all started out with a definite plan and were not at all upset, when they saw the field drawing away from them at the start.

One thing was demonstrated by this great race; that of all nationalities that competed, the Americans showed the best judgment in their running. They were the least affected by the excitement of the occasion, or by their intense anxiety, to get to finish first. When three of them reached the Stadium among the first five, they were all in splendid condition, showing that their training had been more scientifically carried on, and that they were, all round, more fit for the race, which fact was fully set forth by all of the English papers, and they were given enthusiastic praise for it. They were in such a contrast to poor, exhausted Dorando, who, with all of the determination of a Spartan, carried his struggle right into the very jaws of death. Surely "the spirit was willing, but the flesh was weak." Hefferon, the South African, was in almost as pitiable a condition as Dorando, when he arrived, and I doubt if he could have stood the psychic effect of that great reception any better than Dorando, if he had come first.

The first Englishman to arrive was twelfth. Their poor showing was a great disappointment to their countrymen, but it was, no doubt, due to the unsusual heat, which they were not accustomed to, while it did not affect the others so much. Only four out of twelve of them that started, finished, the rest dropped out. The three Indian runners can hardly claim much advantage on account of racial tendencies, for their environment and civilized methods of life, take away from them whatever superiority they might have formerly inherited.

Hayes was of Irish parentage, good, strong stock to spring from for such an event.

Dietetic methods had much to do with results in this contest. Dorando, in order to sustain himself for his great trial, ate a much more hearty breakfast than usual, consisting of beefsteak and coffee, and he felt that that had much to do with his defeat. Hayes ate a very light breakfast, two ounces of steak and a small cup of coffee. Hefferon was given some champagne when two miles from home, which produced cramps and caused him to lose his lead. Longboat took a big draught of champagne and was completely knocked out. Quite a number were given milk and eggs during the race, but none of them finished. It was a great mistake for them to take any nourishment or stimulant while running, for digestion cannot be carried on under such conditions. Hayes and Dorando took nothing.

Twenty-seven of the fifty-five who started finished; the rest fell out along the road.

It will be interesting to watch Dorando and see whether he will ever be able to run such a race again. I saw him a week after the race and he seemed perfectly well. But will the results of this psychic shock manifest themselves to a greater degree, one, two or three years from now, than they do at present. It will be worth following.

On summing up: First, if Dorando had been able to have withstood this great shock he would surely have won, for his running up to that moment showed that he had enough strength to finish his task in good time, for he was three full minutes ahead of his nearest rival, when he entered the Stadium.

Second, after he had been overcome by his reception, it would have been impossible for him to have arisen to his feet the fourth time without help. That I am positive of, for I could clearly see the whole thing.

Third, Hayes clearly won, and entered the arena like a victor, fleet of foot and with noble mien. He looked, as a victor of such a great contest should look after having fully prepared for it, every inch a hero.

International Clinics.

A quarterly volume by leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia, Pa. Volume 11. J. B. Lippincott Company.

Another one of the good volumes of this publication by Lippincott & Co.; contains excellent papers on medicine and surgery.

Materia Medica.

MATERIA MEDICA AND THE SCIENCE OF THERAPEUTICS VERSUS "THERAPEUTIC NIHILISM."

BY W. J. HAWKES, M. D., LOS ANGELES.

Much is being said and written, these days, about "Therapeutic Nihilism," and there is much lamentation because of this tendency of the times. But, being confined to the dominant school of medicine, and the weaklings in our own, it is far from being an unmixed evil. It is, indeed, from that viewpoint, not an evil at all, but a blessing, rather. It is the first step toward "The Science of Therapeutics."

The leaders in thought, authorship and investigation in the old school are the most outspoken advocates of therapeutic nihilism, but they are also iconoclast! They tear down the useless old, but build up no useful new.

The most absurd result of their therapeutic nihilism—its reductio ad absurdum, so to speak—is the leaving of materia medica and clinical therapeutics out of the list of subjects upon which applicants for State licenses to practice medicine are to be examined by State Boards. Behold the acephalous monster brought forth from the union of Allopathy and Therapeutic Nihilism! And that thing is the monstrosity with which they ask us to unite the fair daughter of Homœopathy—the "Science of Therapeutics!"

"Not on your life!" "Not in a thousand years!" The bridegroom they offered before science knocked his head off was bad enough. But now he is impossible!

I have always been under the impression that all branches taught in a medical college have, as their chief object, the reinforcing of measures for healing the sick, on the one hand, and preventing sickness on the other. But of what use to the general practitioner is a knowledge of anatomy, physiology, chemistry, biology, pathology, diagnosis, etc., etc., if no medicine is to be given? Was ever an honorable and dignified profession before placed in such an utterly absurd and ridiculous position? The logic of the Therapeutic Nihilist-Iconoclasts' position forces them to acknowledge the only result of their subjects to be preventive medicine; in other words, hygiene—in other words, cleanliness! By "cleanliness" I mean cleanliness in its widest sense—cleanliness of person—within and without; cleanliness of food, drink and of general environment.

But, as was said before, therapeutic nihilism is not an unmixed evil. Therapeutic nihilists, while they are placing their school and profession in a laughable predicament,—are at the same time doing away with the injurious drugging of "regular" practice. Were they endowed with the genius of a Hahnemann or the culture and fairmindedness of a Hering or a Dunham, we might hope that, instead of halting there and being content to be nothing more than nihilists and iconoclasts, they would follow the example of these great men and progress into scientific therapeutics. Some of them surely will.

Hahnemann himself was the greatest of all therapeutic nihilists! But he was not an iconoclast. While he did more than all others to tear down the evil structure of old time bleeding and drugging, he was not content to rest there. His genius constructed in place of the old ruin an edifice which can never be destroyed; and which in time will in the future accomplish more good for the health of the human race than harm has been done by the old regime in the past; and that is saying a great deal!

There is more hope for the therapeutic nihilist of the old school who is advancing, however, unwittingly, toward the science of therapeutics, than there is for the therapeutic craw-fish from our own school who, either from ignorance or cupidity, is retrograding into the darkness of guessopathy!

To a reasonable being who knows Homœopathy and what the science of therapeutics can do for the sick, and who at the same time knows allopathy, nothing in his professional experience is so pitiable as the lick-spittle homœopathic professional Retrograde! Not only does he show either ignorance or cupidity, but he betrays short-sightedness. Otherwise he could see that every progressive step advanced by experimentation along the line of prevention and cure of the sick by scientists, whether within or without the old school, is toward, or in a line with, or in support of the science of therapeutics. If he would read and could think, and see with mental vision, he would know that many of the leading and progressive thinkers, teachers and writers of the old school are acknowledging, sometimes in so many words, the similarity of the action of their most valued agents and measures, as, for instance, the opsonic index, serum therapy, etc., and similia similibus curantur! And that the trend of all real therapeutic progress is forward toward the truth and us, and not backword toward where he has gone to air his ignorance or grind his little personal ax!

While not an unmixed evil, therapeutic nihilism is surely a great evil, and is doing much harm. It is driving the people into such fads as Christian Science, Osteopathy, etc., whose unthinking devotees allow their children to die, as the Hibernian said, "without the aid of a physician," when many times the science of therapeutics would save them.

When voiced by such men as Bevan and Ostler, it is used as an argument with legislators to leave materia medica and therapeutics out of the list of subjects upon which State examining boards shall examine applicants for license to practice medicine. This will be sure to result in a greater evil than may appear at first glance. To a majority of medical students preparing to graduate the chief aim is

not to be thoroughly educated in their profession, but to get through—to pass the examination. They "cram" with that end only in view on the subjects on which they think they are most likely to be examined.

This being true, how much attention will they give to the branches on which they are not to be examined? And what kind of healers of the sick will they be? To the old school applicant it makes little difference; but to the Homœopath it makes all the difference in the world, and is a very serious matter, and one which should engage the earnest attention of this society, not only as a medical and scientific association, but as a possible political power as well.

There have been many prominent outspoken individual therapeutic nihilists before, during and since Hahnemann's time, some of which I take the liberty of quoting:

"The materia medica abounds in numberless false conclusions. Such, indeed, is the state of the matter that nobody can consult these authors with any safety, unless he is fortified with a good deal of skepticism."—Cullen.

"It is an incoherent assemblage of incoherent opinions. It is not a science of a medical mind; it is a shapeless mass of inaccurate ideas, of observations which are often puerile, of deceptive remedies and formulas, as fantastically conceived as they are tediously arranged."—Bichat.

"There are few remedies the effect of which are well known. The greater number disappoint the expectations of the practitioner."—Hoffman.

"There are few valuable results founded upon experience, but he will lose his time who searches for the few grains in the large mass of rubbish accumulated during the twenty-two centuries."—Girtanner.

"Let no one say that medicine has freed herself from the darkness of the middle ages. Let one but glance at the formulas, and he will rise with indignation against the prevailing practice."—Rostan.

"We cannot think of the various theories in medicine, since the days of John Hunter, without the most painful distrust in all modes of practice."—Adams.

"If we compare the good which a few true disciples of Aesculapius have done since their art began, with the evil which the immense numbers of doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if medical men never had existed."—Boerhaave.

"We have assisted in multiplying diseases; we have done more, we have increased their mortality."—Dr. Rush.

"The science of medicine is founded on conjecture and improved by murder."—Sir A. Cooper.

"I declare it to be my most conscientious opinion that if there were not a single physician, or surgeon, or apothecary, man-midwife, or chemist, or druggist, or drug in the world, there would be less mortality among mankind than there is now."—Dr. James Johnson.

"My opinion is, that more harm than good is done by physicians; and I am convinced that had I left my patients to nature, instead of prescribing drugs, more would have been saved."—Dr. Hufeland.

"In a less considerable portion of diseases, it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practiced, if all remedies, at least all active remedies, especially drugs, were abandoned."—Sir John Forbes.

"We can hardly refuse our assent to the observations of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed; and sometimes when the practitioner fancies he has made a great cure, we may fairly assume the patient to have had a happy escape."—Dr. Pereira.

"The science of medicine is a barbarous jargon, and the effects of our medicine on the human system are, in the highest degree, uncertain; except, indeed, that they have already destroyed more lives than war, pestilence and famine combined."—Dr. Good.

"The physician being, then, a blind man armed with a club, who, as chance directs the weight of his blow, will be certain of annihilating nature or the disease."—Dr. Maunsel.

"Nine-tenths of the diseases are medical diseases."—Dr. Farre.

But, not until this, the latter end of the first decade of the twentieth century, has the Legislatnre of a great Commonwealth like the State of California, in the United States of America, without public protest so far as I know from the medical profession of the State, by legal enactment affixed the seal of the government to the mischievous doctrine of therapeutic nihilism!

Under such circumstances, need we wonder or complain if the people conclude that medicine is useless, and let all doctors except specialists severely alone? They cannot but conclude that lawmakers are governed in making laws on medical subjects largely by advice of the medical profession; and that, if the medical profesion repudiates medicine by saying in effect that it is not necessary that the applicant for license to practice shall know anything about it.—therefore, there is no good in it!

In good faith and earnestly, I ask, if this nihilistic tide is not soon made to ebb by outspoken protest and education of the people, what is to become of the general practitioner? He will surely be driven "back to the farm," or the blacksmith shop, or to extracting ovaries or appendices, or to clipping prepuces, or stretching sphincters, or slicing nasal septums, or to practicing some of the many non-medicinal fads which are becoming more and more popular because of therapeutic nihilism.

As our professional life and success necessarily depend upon sickness of the bodies of others, so, also, our main hope in this threatened calamity may lie in another misfortune of the human family, viz., —the inability of nine hundred and ninety-nine peo-

ple in a thousand to think for themselves, but allow the one thousandth to do their thinking for them! So the people may not draw the evident inference that medicine is useless; and the family doctor may yet be saved!

The Science of Therapeutics.

It is a lamentable, and is it not also a remarkably strange fact, that these able men and investigators of the old school, who are, undoubtedly, striving with all their ability to find means to cure the sick and lessen disease, have not investigated the science of therapeutics experimentally with the same scientific energy and singlemindedness they have displayed in other directions! With the Organon, Chronic Diseases, Materia Medica Pura and Lesser Writings of Hahnemann, together with such literature as Dunham's "Homœopathy—The Science of Therapeutics," the writings of Hering, Allen and others,—not to speak of the current literature of our school,—with all these sources of information open to them during the last hundred years, what is to excuse them for not making a thorough experimental investigation of Homœopathy?

They see and cannot deny that physicians of our school stand, at least, as high, socially, financially and professionally, as any; nor that our clientèle are among the cultured classes in a larger percentage than others. When honest members of their school have thus investigated, the result has been in almost every instance that they have seen the truth and have become earnest practitioners and propagandists of the "science of therapeutics."

It has always been a source of wonder to me that the formula "Similia Similibus Curantur" has not at once arrested their attention and suggested to them the truth. Likes by likes are cured; like causes produce like effects. The nervous system governs all animal life,—is really the individual—all the rest of the body and its organs being merely feeders and sustainers of the nervous system. All the phenomena we see in an individual in health or in sickness are directly or indirectly results of action of the nervous system.

When, for instance, we observe in a patient flushed face, injected eyes, throbbing carotids, dilated pupils, angina fauciam and nervous, spasmodic tendency, we know that certain nerve centres have been, and still are being, irritated. And we also know by virtue of the formulated as above that there is a drug whose poisonous effects are very similar to the symptoms of this patient; and we, therefore, reasonably conclude that the same governing nerve centres are being irritated. Now here is a physiologio-pathological fact no one can deny, and it is the corner-stone of Homœopathy. It is the basis of the science of therapeutics. It is a puzzle to me that they do not see and acknowledge it, and comprehend and appreciate its evident significance. Now that science and they themselves have removed that which has heretofore been the greatest stumbling-block in the way of their investigation, the imponderable dose, it would seem that it is almost criminal for them not to scientifically and experimentally investigate our theory and practice.

With the one great fact recognized and acknowledged, that for every known group of morbid phenomena occurring in sickness, our system of drug proving on the healthy has produced and recorded a similar group caused by drugs, it is a simple matter to take the next step, the ascertaining by experiment, whether or not the effect of the drug which produces the similar group will be beneficial to the patient. As a matter of fact, we know from experiment that the effect is beneficial, provided the dose be not large enough to produce aggravation of the symptoms. What excuse is there for every physician not ascertaining for himself the truth or otherwise of this vital proposition? There is no excuse.

THE TISSUE REMEDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

Polychrest Salts.

- Ferrum phosphoricum.—The anti-fever and muscle salt.
- Calcarea phosphorica.—The cell wall salt.
- Kali phosphoricum.—The nerve tissue salt.
- Natrum muriaticum.—The great assimilation salt.

Magnesia phosphorica.—The anti-pain and anti-spasm salt.

Silicea.—The anti-cold salt.

Natrum sulphuricum.—The anti-wet salt.

Natrum phosphoricum.—The anti-acid salt.

Calcarea sulphurica.—The anti-suppuration salt.

Kali sulphuricum.—The anti-catarrh salt.

Kali muriaticum.—The anti-false membrane salt.

Calcarea fluorica.—The elastic tissue salt.

If a human body weighing one hundred and fifty pounds were cremated and perfect combustion obtained, the ashes would weigh about one and one-half pounds. This represents the mineral constituents of the body, the rest comprising water, oil, albumen, starch and sugar. These ashes are composed of twelve mineral salts, three salts of potash, three salts of soda, three salts of lime, one each of magnesia and iron, and the remaining one silica.

Aside from the salts, the tissues seem to differ little from each other. With their addition, each tissue seems to possess a distinct individuality, so that to a certain extent the mineral constituents seem to give the tissues each its stamnia, its durability, its functional power, its stability, its color, solidity, strength, permanency.

Nearly all of the tissues have nearly all of these tissue salts in some proportion, but certain tissues seem to depend for their necessary qualities upon the presence of some one salt in definite quantities, notable instances being as follows: Iron in blood and muscle, Lime in cell wall and bone, Potash in gray matter of nerve and brain, Magnesia in neurilemma. In all four of these notable instances you will notice that the salt (or metal) is present in the form of the phosphate.

And to simplify the study of these tissue salts in their relation to biochemistry, so-called, or, in other words, to simplify their study as therapeutic agents, one has to keep these four biochemical polychrests in mind and add to that a study of Natrum muriaticum, the great "hod carrier;" as well is this necessary to learn most of what we now know of the so-called tissue remedies as clinical agents.

It was Dr. Schussler, a German Homœopathist, who first attempted to found a therapeutic system upon the use of these tissue salts alone. Though in a crude way physicians have been prescribing some of them for many years, notably, different preparations of iron and lime as tissue fortifiers in wasting disease, Dr. Schussler's theory was that all curable diseases could be successfully treated by their scientific application.

His theory was that all disease is dependent upon the disturbance of the equilibrium normally existing between these salts, these dominant factors of the human organism.

And that health could be re-established by the administration of such salt or salts as will restore biochemical equilibrium between the tissues, harmonious atomic vibration, so to speak; others think that the cure is wrought simply because the needed tissue salt is supplied in assimilable form.

As bearing upon this last thought, it is certain that these salts in solution or in the highly comminuted form obtained by trituration for hours with sugar of milk crystals can pass through animal membrane by osmosis and become incorporated with the tissue needing it.

True, only small quantities of such substances as iron and silica can be absorbed in this way, but as they exist in such small proportion, each tissue approximately one-twelfth of one per cent., a microscopic quantity is all that is necessary.

Still others think that the action of the tissue remedies is all according to the homœopathic law and that complete provings will prove it to be so.

Other physicians have properly called the attention of the profession to the fact that all of our well-known remedies contain the tissue salts in greater or less proportion in their composition. This is true, too, for nearly all the drugs we use, animal, vegetable, and many mineral, have tissue salt or salts in their composition, and there is a definite relation, too, between their clinical use and that of the tissue salts. As notable instances, Colocynth has much Magnesia phosphorica in its composition, and the character of the pains cured by the two drugs, even their modalities, are almost identical. Pulsatilla and Viburnum, two great "dysmenorrhœa" remedies, also contain Magnesia phosphorica. Other notable instances, are:

Natrum phosphoricum is contained in Rheum.

Kali phosphoricum is contained in Pulsatilla, Digitalis, Stramonium.

Calcarea fluorica is contained in Phytolacca (glands).

Kali sulphuricum is contained in Pulsatilla (catarrhs).

A large table giving many similar instances may be found in Boericke and Dewey in the Tissue Remedies.

As these studies are intended to be essentially practical and concise, we will follow this theoretical prologue with an attempt to summarize as clearly and succinctly as possible the clinical benefits that we have obtained from the use of these tissue salts, remembering as we go along that much of this valuable knowledge we had already obtained through homœopathic provings and practice before Dr. Schussler threw this side light athwart our horizon, not disproving by his search-light anything we already knew, but adding something of value mayhap.

If I may be pardoned for introducing the personal factor, I will add that the following clinical study of the tissue remedies has been colored and supplemented by a personal experience of thirty years in their use.

FERRUM PHOSPHORICUM.

The blood and muscular tissue salt. It seems to control muscular power and therapeutically its "pivotal" action seems to be largely as a controller of blood supply through its power to regulate the caliber of the blood vessels through their muscular coats. This power is also seen in its regulation of peristalsis, so it is indicated in weak peristalsis with a tendency to lienteria.

The Ferrum patient, and when I say this I mean also the Ferrum metallicum patient, as I have been able to distinguish little difference in the proving and clinical use of the two drugs. The Ferrum patient is anæmic and meek. She may be fat and full blooded, but the flesh is flabby, the muscles weak, the mucous membranes pale, the blood thin and pale.

The grand over-shadowing characteristic is the flabby atonic blood vessels and the symptoms that arise therefrom. The patient is pale, but flushes under ever so slight a cause, any motion, any emotion.

There is a tendency to local congestions and it is Schussler's remedy for fever, restoring the equilibrium of the circulation by its tonic effect upon the circular muscles of the blood vessels. The Ferrum patient is subject to congestive headaches coming often and from small cause.

The Ferrum phosphoricum fever seems to stand between the Belladonna and Gelsemium fever, not so much cerebral excitement, not so tense a pulse as the Belladonna patient, not so great stupor nor so flabby compressible a pulse as the Gelsemium patient.

Ferrum phosphoricum is the Aconite of the biochemical pharmacopœia, Schussler giving it at the beginning of all congestions and fevers; in short, for all blood distributive anomalies.

It certainly is preferable to all the other fever remedies in the typical Ferrum phosphoricum patient, erethistic, anæmic, flabby, flushing on motion or emotion. It is sometimes preferable to either Gelsemium or Baptisia in the beginning of typhoid fever, especially where the patient is distressed by severe congestive headaches. The materia medicas

give some indications for both Ferrum phosphoricum and Ferrum metallicum, not contained in the above, but if you will reason it out, they all look for cause in conditions above carefully set forth.

CALCAREA PHOSPHORICA.

This substance is the basic salt of bone tissue as well as the basic salt that enters into the formation of cell wall, the elementary principle of all human tissue, so that it is the basic salt not only of the bony skeleton, but as well forms the skeleton of all the soft tissues.

Hence it is necessary to the construction and to the maintenance in a healthy state of all human tissue.

Hence it is always one of the tissue remedies and the most important one in all constructive work, hence is indicated in all form of wasting disease and defective assimilation.

This makes it so important as supplementary to other salts in the treatment of cholera infantum, tuberculosis and persistent anæmia. It is generally necessary to supplement its work with Ferrum phosphoricum, Kali phosphoricum and intercurrent doses of Natrum muriaticum.

Its constructive power over the skeleton makes it an essential agent in the treatment of rachitis, Potts' disease, delayed dentition, defective teeth, and all forms of imperfect osseous growth or development.

The Calcarea phosphorica child is emaciated the neck is so weak it cannot hold up its head and it craves salt meat, a natural craving for the Natrum muriaticum, the tissue salt that it works with in assimilative processes.

In the successful treatment of chronic anæmia or the chlorosis of young girls it is a pre-essential to Ferrum phosphoricum. We have still further studied it homœopathically under the lime salts.

KALI PHOSPHORICUM.

The clinical use of this drug, unlike that of Ferrum phosphoricum and Calcarea phosphorica, has been entirely developed by its biochemical properties.

It is the basic tissue salt of gray matter of brain and nerve, the dynamo and distribution of the life force, and is indicated in diseases where there seems to be a failure of inhibition, a failure somewhere in the thought centre or its distribution. How far reaching and all pervading such a failure may be, we can appreciate fully when we consider that this great dynamo and its myriad wires enable us to think and to do all the acts that thought dictates, to walk, to talk, to eat, to drink, to laugh, to cry, to sin, to do good deeds, to see, to, hear, to taste, to smell, to feel, to digest, to carry on all the complex functions of the vegetative system, that of assimilation, disassimilation, excretion, circulation, etc. Hence if any of these many functions fail to be performed properly, and this failure seems to be due primarily to defective action of brain or nerve Kali phosphoricum is to be thought of.

I have found it useful in the following well marked conditions:

After acute disease, when the ordeal has seemed to cripple brain and nervous system or either one. Patient may be silly or unable to fix the mind on anything for any length of time. Exhausted after reading or being read to, or after company. Nervous weakness after acute disease, patient is shaking and tremulous, knees give out under them. Also nervous exhaustion or brain fag after severe ordeals, night watching, emotional storms. Physicians who are depressed and tired after doing a heavy practice throughout a busy season.

The mental symptoms are very much like those of Ignatia, without the secretiveness or spasmodic tendencies.

In acute diseases where the patient is apathetic, hopeless or indifferent, especially useful in typhoid fever or typhoid states with the above mental state and the dry, brown tongue, fetid breath, great debility, tympanitis.

Acute indigestion with flatulence, fetid secretions and great mental and nervous depression. I have tested the drug many, many times in all of these conditions and have not found it wanting. It is also recommended in a form of backache, a paretic state something like that of its sister, potash salt, Causticum. I have no clinical experience with it in that condition.

MAGNESIA PHOSPHORICA.

Magnesia phosphorica is the basic tissue salt of acute pain, pain of a non-inflammatory basis; especially does it supplement over homœopathic drugs in its power to overcome the tendency to certain kinds of pains to which the patient is especially subject. Thus by administering it between the menstrual epochs it will greatly modify, cure or render more amenable to other treatment, spasmodic or neuralgic dysmenorrhœa. So by giving it constantly as an intercurrent, while giving other well indicated drugs, it seems to materially assist in overcoming persistent neuralgic attacks and the tendency to them.

The quick relief of pain under its action is so wonderful sometimes that I have had patients insist that I have given morphine and refuse to be persuaded otherwise.

The pains it relieves most promptly seem to be of two sorts.

Spasmodic Pains.

Especially involving the involuntary nervous system, these pains are severe and excruciating, especially cramp, colics with great intestinal distension or dysmenorrhœa, making the patient cry out, these pains are relieved somewhat by heat or pressure, showing them to be neuralgic and with no inflammatory complication.

I remember hearing a physician say that when he found a patient suffering great, severe and excruciating pain, which he had borne for some time, the patient, exhausted at the end of his patience and the attendants demoralized, he was obliged to use Morphine, had not time to wait for the action of a homœopathic remedy.

Another physician of long experience, who was

present, responded, the "more the pain seems to demand morphine the more it indicates Magnesia phosphorica, and the more surely will Magnesia phosphorica relieve it. Give a good dose in hot water immediately."

It is often recommended to give Magnesia phosphorica in hot water, but, as a matter of fact, all drugs act better, when given for the relief of pain, when administered in hot water, for you get a more perfect solution and you get a quicker absorption.

Neuralgic Pains.

The other pains promptly relieved by Magnesia phosphorica are the severe shooting pains, running along the course of the nerves, such pains as would suggest Spigelia or Colocynth; indeed, the pains of Magnesia phosphorica are as before suggested, like those of Colocynth throughout, with the same modalities.

Spasms.

Besides its power over pain Magnesia phosphorica may be useful in overcoming spasmodic troubles, which may not be characterized by severe pain, such as twitching of eyelids or other spasmodic twitchings involving single muscles. Also the paroxysms of whooping-cough or the tendency to convulsive seizures. Children who have spasms from slight cause, for instance.

Analogues in Colic.

Nux after overeating. Ipecac after indigestible substances, raisins, orange peels, pain around navel as though grasped by hand, fermented molasses-like stools.

Veratrum album.

Severe cramps with much sweat and gastric irritability.

Colocynth.

After strong emotions; same modalities.

Dioscorea.

Colic better bending backward.

Chamomilla.

Colic in teething children.

Magnesia carbonica.

Colic with green, sour smelling stools.

Analogues in Spasmodic Dysmenorrhœa.

Platina, Pulsatilla, Nux vomica, Cimicifuga, Caulophyllum, Xanthoxylum, Cuprum, Belladonna.

NATRUM MURIATICUM.

We have already studied this drug from a homœopathic and physiological standpoint, learning the kind of defective assimilation indicating it, we have studied, too, as an assistant to digestion by stimulating the flow of digestive juices. Its principal functions as a biochemical salt seems to lie in its power—in combination with serum as a salt solution—to convey the other salts and the other nutritive elements to their proper place as building and repair materials, the "hod carrier," you might say, and, although told in a few words its function is as important as that of any of the other tissue salts.

And now having thoroughly studied the places filled by these four, what we might call "biochemical polychrests," we will find the other eight to occupy subservient and less important, at the same time essential, positions in the upbuilding and maintenance in health of the human house.

SILICA.

I suppose if a proper supply of other tissue remedies is necessary to give a man an "iron will" and enough "lime in his back bone" he should also have some "sand in his craw." When you think of it, it is wonderful that less than one per cent. of lime in his back bone and his wish bone and the same proportion of other tissue salts enables President Roosevelt and his big stick to present a brave, intrepid front to the "bears," "the muck-rakers," the "nature fakers" and the "malefactors of wealth."

Pulsatilla grows in soil rich in Silica and Silica is the chronic Pulsatilla giving similar symptoms and similar modalities in a chronic form, so as I say it should be classed with Sulphur, the chronic Aconite, Sepia, the chronic Gelsemium, Calcarea carbonica, the chronic Belladonna. Another thought in this connection, Aconite grows in soil rich in iron and is a fever analogue of Ferrum phosphoricum.

In health, Silicea seems to be found in the periosteum, and in the skin and its projections, the hair and nails and a small amount of it seems to be necessary to their health and proper growth.

Biochemically, it seems to fortify the tissues against the inroads of cold, the patient cannot stand cold, his troubles are all made worse by cold (Pulsatilla). (Tissue remedy for those who can't stand wet, Natrum sulphuricum.)

Suppuration.

Scrofulous, diathesis, inflammations of periosteum, bone, gland, and connective tissue. These inflammations are what is sometimes called "cold abscesses," hard indurations of glands, furuncles, etc., that neither suppurate nor get well. Suppuration of bone and periosteum caries. It brings the process to maturity. Rachitis, Potts' disease, hip disease, running a chronic course.

Headaches.

Better wrapping up head; these headaches, like those of Sepia, are associated with marked hyperæsthesia and are worse from noise, light, cold or mental effect.

Chorea.

I have found it most useful in chorea with well marked sensorial hyperæsthesia, in children where bodies have grown too fast or whose minds have been developed at the price of the body. Child is made worse by all efforts of mind or body.

Epilepsy.

With similar symptoms. Unhealthy skin, every cut suppurates. Also Hepar, Petroleum, Graphites, Psorinum.

Constipation.

With weak expulsive power, stool comes part

way out then slips back; some people should take Silicea before playing "bridge whist," for, if they haven't got any "sand" they get cold feet.

CALCAREA SULPHURICA.

Very similar in composition to Hepar sulphuricum, useful in chronic suppuration with little tendency to resolution. The pyogenic membrane is thick and the pus lumpy.

CALCAREA FLUORICA.

Found in the elastic tissues, so indicated in weakness of these tissues, weakness of the elastic coat of large arteries, causing aneurisms, prolapsus of uterus from weakness of round ligaments.

NATRUM SULPHURICUM.

The bulwark from "wet" as "Silica" is from "cold." Patient's tissues don't seem to be fortified against atmospheric humidity, gets sick during wet weather, diseases always worse during wet weather.

Called the hydrogenoid (compare Rhus, Ruta, Calcarea carbonica, Sulphur, Dulcamara).

Tendency to the formation of condylomata (compare Thuja).

Diarrhœa.

I have found Natrum sulphuricum useful in chronic diarrhœas. The actions come on in the morning after moving about (Bryonia), are bilious and contain much phlegm.

NATRUM PHOSPHORICUM.

Corresponds to acid conditions, especially useful with "acid" children; they smell sour, their perspiration is sour, sour diarrhœas, acid dyspepsias of adults, constant sour stomach.

Diarrhœa.

Compare Magnesia carbonica, Rheum, Calcarea carbonica.

Dyspepsia.

Nux vomica, Lycopodium, Carbo vegetabilis, the acids.

Although occupying but a small niche in the biochemic temple, Natrum phosphoricum has been one of the most useful remedies we have in the treatment of acid states, and in my practice has largely supplanted Magnesia carbonica and Rheum.

KALI SULPHURICUM.

Catarrhs with profuse, thick, yellow, bland mucus, no provings, only known as a biochemical salt, symptoms almost identical with Pulsatilla, which is said to contain much Kali sulphuricum. Clinically, would prefer it, 1st, after Pulsatilla has failed; 2d, If the discharge is unusually profuse and persistent; 3d, If the catarrh becomes chronic.

KALI MURIATICUM.

Like all the Kalis, another catarrh remedy. Kali muriaticum is Schussler's agent for the treatment of all diseases where there is a tendency to the formation of false membrane. (Compare the Kalis, the Mercuries, the Halogens and the vegetable acids.)

In the catarrhs of Kali muriaticum there is a tough, tenacious, fibrous secretion, much like that of Kali bichromicum, but even tougher and more fibrous, seeming to lead to organization.

It is also used by many specialists in preference to the other Kali salts where there are catarrhs of nose and throat, which tend to become chronic or to produce thickening of membrane, especially catarrhs which cause thickening of the Schneiderian membrane, giving us mouth breathers. The drug has been little used except in diphtheria, membraneous croup and catarrhal troubles of the nose and throat and any other uses for which it may be mentioned, have no provings and little clinical experience behind them.

Resume.

And so we see that the great and wonderful structure which forms the earthly temple of the human soul, that temple so wonderful in power, in achievement, in endurance, is given its strength, stamina, functional and reparative powers by the presence in its structure of twelve mineral salts.

Four of these salts mainly endowing it with its remarkable power.

First. Calcarea phosphorica, that gives it its skeleton, its frame work.

Second. Ferrum phosphoricum, which supplies it with hardware—so to speak—giving to the frame work strength and durability.

Third, Kali phosphoricum, which is the basic salt of the great dynamo, the brain and its wonderful and intricate network of electric wires, forming connections with every organ and every tissue.

Fourth. Natrum muriaticum, the great nutrition carrier.

Fifth. The eight other minor tissue salts which strengthen it here, reinforce it there, adding beauty of structure and perfection of function wherever needed.

And even then with all its beauty of structure, its mechanical perfection, its power to restore itself after serious injury and its power to sustain itself for seventy years in almost unimpaired perfection, without the vivifying and illuminating presence of the soul, it is but a cold, dead, inert thing. Who that has seen the mysteries of birth and death, as we doctors see them, can fail to recognize our divine origin.

Who that has heard a great vocalist, a great pianist, a great orator, seen a great engineering feat, or a great surgical operation, but stops to wonder why one human body does such things, while another made of exactly the same material is content to labor out its days in menial tasks.

It is only the difference in the soul that inhabits this lowly earth-made temple. Dust thou art, to dust thou shalt return, was spoken of the body, not of the soul. The infant comes into this world almost purely of organic structure, so elastic and soft the tissues that its skull can be mashed into a truncated cone in passing through the crooked and narrow path that leads to earthly life, the babe could be tied into a knot without injury. As it grows ever gradually there is deposited in the tis-

sues more and more of earthy matter, until in old age our tissues are largely mineral in their structure and the old man returns to the dust from which he sprung. Death from euthanasia is due to a hardening and stiffening of the tissues until they are no longer able to perform their functions.

It is possible that the study of the tissue salts may lead us to the prolongation of human life by retarding such a process with such salts as Natrum muriaticum, Calcarea fluorica and others yet to be selected.

In conclusion, will say that these salts have been used in all potencies, it is claimed with success. I have never tried them in any strength except the third decimal trituration. Of late years it has been my custom to use them often, especially in chronic diseases in larger doses—say, five or ten tablets—after meals, just as I would give a food tonic without reference to the homœopathic remedy that the patient was taking regularly. I give you this thought for what it is worth.

Homoeopathics.

REMINISCENCES OF THE HOMŒOPATHIC YELLOW FEVER COMMISSION OF 1878.

BY F. H. ORME, M. D., ATLANTA, GA.

Thirty years ago there occurred the most appalling and desolating epidemic that ever smote our beautiful continent. New Orleans was the nidus, and here it raged with severity and to great extent; but it was not confined to that afflicted city. It followed the lines of travel, principally up the Mississippi river, but ranging far and wide. All of the large cities of the valley in the Southern States were visited and plagued, while hamlets and plantations were also tormented. Refugees who had flown after having been inoculated with the germ of the disease, caused its appearance to some degree at Louisville, Cincinnati, St. Louis, Chicago, New York, and even health resorts and quiet country houses were invaded.

It is impossible for pen, in the most efficient hands, to depict the aspect of a city smitten with a dreaded pestilence. Not only the sickness but the demoralization is fearfully shocking. Suffering is great, but panic is out of proportion. The vocabulary of the sensational newspaper reporter is exhaus ed in exaggeration. Flight! flight! flight! is the prevailing thought. "Whither" and "how" are the questions.

Disgraceful, dastardly scenes are often witnessed where family and friends are deserted and left to perish or be saved by the charity of others. What new cases of illness? What further deaths? What places have quarantined? How escape? These were the paramount considerations, and these, with the developments in the way of business disturbances, were the principal concerns, and these were the lines upon which conversation almost constantly ran.

There were cowards, shameful, weak-kneed degenerates. Cowardice is reprehensible and contemptible, but let us be considerate and not judge too harshly. It is not given to all men to be strong, and terror is experienced in different degrees by different characters, while courage and fortitude are unequally distributed. Then the environment differs, and some are witnesses of more frightful scenes than others. Men are variously impressed and respond accordingly. It is dreadful to be devoid of courage; but how can a rabbit be expected to be brave? it is not a lion. The man who is born with a courageous nature is fortunate. When danger or calamity comes he rallies himself and determines to deport himself as becomes a man, even although his "death be adjunct to the act," and the main trouble is over with him. But how about the poor devil of a coward who is devoid of the strength that courage gives? He must follow out the necessity of his defective nature and fly like a terrified hound.

With all the despicable features in human nature which misanthropes are fond of holding up to view, and notwithstanding the exceptional cases which are prominent in time of trial, there is still a quality of nobility in human beings, a chord of sympathy, which, when duly touched, responds in admirable results. The appeals for assistance were pathetic and strong, and most commendable and wonderful were the responses. Not only did the home people, men and women, show courage and self-abnegation worthy of all praise, but from distant parts in all directions came a generous flow of all needful articles for relief of the suffering, white or black. Money, food, clothing, medicines, doctors, nurses and even luxuries were furnished wherever there was need. Glory be especially to the noble Howard Association, and such charitable associations! What comfort they gave, what lives they saved!

Among the cities where the mortality was greatest in proportion, were Chattanooga and Memphis. Had not the modern facilities for transportation existed, and had there not been brave physicians and nurses to rush to the rescue, the conditions in Memphis, for example, would have been as dreadful as were those of the plagues of ancient times of which we read; for instance, that of Athens in 430 B. C., as described by Thucydides, or that of London in 1665 A. D., as described by Daniel DeFoe.

While churches and benevolent societies were busy in collecting and dispatching to afflicted points necessary and desirable articles of all kinds, individuals, thrilled by the appeals and moved by the holy spirit of charity, putting business aside, took to the streets for active solicitation. One of these earnest workers was Dr. Little, the state geologist of Georgia. One day while in my office I showed him some lines I had written, which pleased him. He asked for a copy that he might have them printed for use in his work and for public circulation. With the view that at some time and place (for history is said to repeat itself) they may prove useful, as Dr. Little assured me they had been, I here transcribe them:

The Right Kind of Prayer.

Pray for the fever sufferers,
Now scourged as with a curse,
But recollect to pray aright,
Pray with an open purse.

'Tis money that is needed now,
Or something that will feed;
Lip service is of no account—
It is not what they need.

The man who prays and does not give
In one or many ways,
Should have his vain and useless words
To choke him as he prays.

Give of your substance is the cry,
It is not for your prayer;
Give work or money, meat or drink,
Something to eat or wear.

The sick are dying all the while;
Arouse, and give them aid!
Don't say, when asked what you have done,
Me? Oh! well—yes—I've prayed!

When you are sick and suffering,
You'll pray enough yourself,
You'd rather that your well-off friend
Would give you of his pelf.

Give all you can, help all you can,
There's need of every thing,
And you'll feel better when you know
You've helped the suffering.

The Commission.

While the grievous, merciless pest was spreading its blighting influence, torturing the righteous as well as the wicked, and laying low the strong as well as the weak, while the newspapers were sending their shrieking, scareing head-lines, telling of the ravages of the fever, there were many who wished they could do something, but were without means. Fortunately there were some who had both the will and the means. A noble-minded lady of New York, Mrs. Elizabeth Thompson, suggested the formation of a commission to investigate the general problem of the nature, means of prevention, etc., of yellow fever, volunteering to pay the expense involved. This commission was composed of four physicians of distinction of the "regular" school. Their report was much of the nature of a "beating over of old straw."

Dr. T. S. Verdi, a prominent homœopathic physician of Washington, D. C., knowing that the great success of homœopathic treatment of the dread disease would receive no attention from an old school commission (as it did not), suggested to Mrs. Thompson a homœopathic commission that would be more thorough in its investigations. This good lady, whose generosity should never be forgotten, promptly agreed to assume the expense of this commission also.

This homœopathic yellow fever commission was formed under the auspices of the American Institute of Homœopathy, the national body representing the new school—the oldest national medical body in this country—and Dr. Conrad Wesselhœft, of Boston, the president, appointed for the occasion the following eleven physicians, seven of whom were yellow fever experts:

Wm. H. Holcombe, of New Orleans, Chairman.
T. S. Verdi, of Washington, D. C., Secretary.
W. L. Breyfogle, of Louisville, Ky.
J. P. Dake, of Nashville, Tenn.
F. H. Orme, of Atlanta, Ga.
L. A. Falligant, of Savannah, Ga.
Lucius D. Morse, of Memphis, Tenn.
W. J. Murrell, of Mobile, Ala.
Thos. J. Harper, of Vicksburg, Miss.

It is not intended here to give a history of the work of the commission, but simply some outlines and some reminiscences.

As preliminary to the meeting of the commission it issued a circular letter which was sent to every homœopathic physician in the South known to have had experience with the fever, calling for co-operation and information. Sixteen questions designed to elicit all important facts concerning the fever and its treatment were asked, the answers to be sent in time for the meeting, which took place at the St. Charles Hotel, in New Orleans, on December 2, 1878. The responses were found to be numerous, cordial and satisfactory—very gratifying to the commission.

The commission worked actively, being greatly interested, holding three sessions a day until their task was completed. The letters and statistics were examined and classified, discussions were had, and prominent and reliable laymen were brought in for intelligent conversation upon some of the unsettled questions.

A Memorable Episode.

When the members of the commission arrived in New Orleans, they found some circumstances of temporary embarrassment. Counting upon the cordial support of all of the homœopathic school, they were shocked and disappointed to find that there was a disaffected element who refused to give in a report of their work.

A society called the New Orleans Homœopathic Relief Association had been formed by a few of the homœopathic physicians and some laymen, which sent out circulars appealing for aid, and claiming that the Howard Association discriminated against Homœopathists in the matter of furnishing relief, etc., basing their appeal chiefly on this ground. Some northern friends could scarcely believe this, and wrote to Dr. Holcombe to know if such a condition really existed. The doctor's reply was prompt and emphatic to the effect that it certainly did not; that every requisition of his had been promptly filled; that there were good and true Homœopathists in the membership who would not allow such discrimination; in fact, that it was a clear case of misrepresentation.

One of these letters was sent to a member of the Relief Association, and the sensation it produced

was lively. Dr. Holcombe's eminence in the profession was somewhat galling and jealousy-producing to some, and there was not the most cordial feeling on all sides. Here was a grievance! "Dr. Holcombe was not a loyal Homœopathist," was the cry. Here was a chance to strike. Some of the less scrupulous arranged a pledge that none of the signers would report to the commission while Dr. Holcombe, who was there by President Wesselhœft's appointment, was at its head. They obtained all of the signers they could, but some refused.

The members of the commission endeavored to induce the complainants to change their position, but a few were obdurate and held the others to their pledge. In the hope of bringing about a friendly understanding the commission concluded to invite the disaffected to a special meeting for general discussion of their differences, with Dr. Dake in the chair. Dr. Holcombe agreed to take a seat at one side and hear what might be said, knowing little or nothing of the cause of discontent beyond the offense his letter had given.

The hour came and with it the antagonistic members and one or two prominent homœopathic laymen who had been invited. Dr. Dake, in a suave and conciliatory tone, spoke for the Commission and the profession, showing how important it was to have harmony, and explaining some misapprehensions, etc., appealing to them to erase their names from the pledge; but "the Commission had invited them to present their view of the case, and they would be heard."

One by one those who cared to speak arose and each spoke for himself. In some cases they explained that they had not precisely understood, and had signed under a misapprehension, and would erase their names, but for their having bound themselves to the others, etc. Several were rabid. Dr. Holcombe had injured their cause. He was not a true Homœopathist, anyhow; the speaker had heard this repeatedly. One druggist had told him that Dr. Holcombe was one of his best patrons, etc. At all events they had determined individually and as a body to make no report to the Commission while he remained chairman. Replace him with any other and they would report, etc.

Discussion and explanations went on for some time. The scene was animated and peculiar. Dr. Holcombe had listened calmly and silently to all of the aspersions. When Dr. Dake saw that nothing was to be accomplished by a continuance of the meeting, and was uttering words that signified a dismissal, Dr. Holcombe arose, and here was a scene to be remembered. "Mr. Chairman," he said, "I (with emphasis) have a word to say! This thing has come upon me like a clap of thunder from a clear sky. I had no idea of the existence of such a state of feeling as has been displayed." He was of tall and commanding figure, with a strong face, indicating the character of man he was. He confronted them directly, and he spoke to them directly. While showing that his emotions were profound, he had perfect command of himself. "I had supposed you my friends as I have been yours; I have defended your reputation when you little knew of it," etc. He then went on to the special charges. As to that letter, he wrote it, and would write it again, for it was the truth as against the false charge made against that noble institution, the Howard Association. He could not join in bearing false witness against any one. He refused to join an association under such auspices, and he had done nothing which he regretted or would not do again under similar circumstances. He made a fearful arraignment, and applied an excoriating castigation, such as few men have ever received.

He asked for the name of the druggist referred to, but it was not given. He then told of the articles for which he openly sent to the drug stores. "I have done openly what some of you have done in other ways." Beyond these simple articles, upon which the charge of his not being a true Homœopathist was made, he defied them to show a thing.

(It is not uncommon—but is reprehensible—for egotistical and dogmatic persons to make the charge of "not being a true Homœopathist" against others because they do not see Homœopathy through their eyes.)

A layman, a man of prominence, followed Dr. Holcombe, being a member of the Howard Association, and knowing that Dr. Holcombe was correct, and feeling indignant at the treatment the doctor had received, made a clear and strong statement. This confirmed and deepened the impression made by Dr. Holcombe, who was not his physician, while one of the signers was.

Dr. Dake then politely intimated that the Commission would now proceed with its proper work, and resigned the chair to Dr. Holcombe, who, at the close of the session, received the congratulations of the individual members upon the masterful manner in which he had disposed of the malcontents. All were proud of their chairman, and felt, as the departing guests no doubt also did, that he was the master of them all. They had come expecting to have the Commission decapitated; they retired disappointed, regretful and ashamed.

On With the Work.

The affair above referred to having been disposed of the Commission resumed its work, which was at this stage to review the reports which had come in liberally in response to the circular and other concomitant matter. Much important material was found. The statistics were examined, discussed, collated and estimated. Comparisons were made with the old school statistics as far as they were obtainable from boards of health and other sources. These were much more indefinite than were the more precise and detailed reports of the Homœopathists. Absolute correctness in comparisons was impossible; but account was taken of every circumstance and consideration which should weigh in the estimate, the result being exceedingly favorable to the Homœopathists. Indeed, so marked was the homœopathic success in the treatment of the disease that many who were not aligned with the new school declared that if they should be overtaken with the fever, they would prefer to have a homœopathic physician.

The material on hand showed much that was al-

ready known, but also contained many useful suggestions of interest and of value. The matter treated was not presented in the report as positively proved, but the facts and conditions were such as to convince the Commission that the success of the homœopathic treatment was markedly in excess of that of the old school, the mortality of the latter being probably twice as great in proportion as was that of the Homœopathists.

Comparison of Methods of Treatment.

To the convert to Homœopathy the old time, old school methods of treatment seem harsh, even barbarous and harmful, when he knows that better results may be obtained by milder and more agreeable methods. True, there are many of the old school, and the number is increasing, who have turned from the error of their ways and eliminated some of the more "heroic" courses, and have been rewarded with more favorable results.

(That term "heroic" as applied in medicine, is a horrible monstrosity, and has slain its thousands! Who is the hero? What merit is there in doing what any boy can do, that is, in doubling up doses when they may already be destructively large?)

Among the many fallacious aphorisms that have burdened old time medicine the most stupid is that "desperate diseases require desperate remedies." It is atrocious! Many lives have been lost by the acceptance of this silly saying. No! Nothing desperate is to be tolerated in extreme conditions of disease. Here it is that the most careful and cautious judgment is required; here the most gentle treatment. No hasty, reckless, "heroic" dash, as on the battlefield, but all should be calmness and discretion, with the gentlest and tenderest measures.

It is not the purpose here to go into details as to the difference in methods and remedies, this is attended to to some degree on page 21 of the report that was finally published. The treatment among the "regulars" was quite irregular and very diverse in character; that of the new school was strikingly similar, having a rule to guide in prescribing, the unanimity was remarkable, and the results as shown by the statistics correspondingly uniform.

The Opinion of the Commission as to the Causes and Prevention of Yellow Fever.

The first paragraph of the report made on this part of the subject is the following:

"Yellow fever is a specific disease entirely independent of malaria, occurring rarely the second time in the same person, infectious and capable of transmission to any distance by means of fomites or infected material."

Here we have an example of what often appears in the history of medicine and some other things—a mixture of fact and fallacy. The parts in the above paragraph relating to specificness and the independence of malaria, as well as the rarity of second attacks are facts, what follows as to fomites and transmission is fallacy; but it is what appeared at the time to be well established, and there were few, if any, who challenged the position.

As to the rarity of its occurrence the second time, while it is rare to some extent, it is not impossible, and from personal observation and experience I would advise caution in relying too implicitly upon the presumed immunity after a first attack. During the fierce epidemic in 1854 in Savannah, the writer suffered from a severe case, but was again a victim in the epidemic of 1858. He also attended cases in the latter year of persons who similarly had a second case. Other physicians also treated persons in 1858 whom they had treated in 1854.

Many theories, apparently well founded, were entertained, when, in 1900, Major (Doctor) Reed, under the auspices of the United States Government, made scientific tests to prove or disprove what was known in Havana, Cuba, as the "mosquito theory." His proceedings were scientific and careful, leaving no possible scope for elements of uncertainty. The result was a demonstration and a revelation. His conclusions have been accepted by the profession at large. Superstitious and ignorant notions have been swept away and something, at least, has become definitely known.

Without going into special details, which are known to the profession, it may be briefly stated that the only possible conveyer of the yellow fever poison is the stegomia callopus. This was at first called a culex fasciates, afterward stegomia fasciata, and finally renamed by the Agricultural Department of the Government as stegomia callopus. It is only the female of this species that can infect, and then only when it shall have bitten a yellow fever patient during the first three days of the fever. Then ten or twelve days must be allowed for a certain change to be undergone within the system of the mosquito, when, if it shall bite a non-immune person, yellow fever will follow. The mosquito can then, it appears, infect while it lives. It is stated that there are several varieties of the stegomia, all capable of conveying yellow fever.

Nothing is known as to the origin of the germ, but it is beyond question that there must be a yellow fever subject to be bitten at a certain time by a certain kind of female mosquito in order to have a spread of yellow fever. So vanishes the theory of fomites and of the dissemination theory. Keep out or isolate the yellow fever subject, or keep out or destroy the stegomia callopus, both or either, and a spread of the dread disease is impossible. What a disgrace, then, for any city to have a spread of yellow fever! What a reflection, at least, upon the management of a city's affairs when its precincts are allowed to be infested with mosquitoes, or even with house flies! When we see a house festooned with cobwebs we argue slovenly housekeeping. What is to be said of the managers of a city which is allowed to be cursed with avoidable nuisances?

In yellow fever, as in other severe diseases, good nursing is regarded as of the utmost importance, and in the cities of the South there were generally to be found many good nurses, usually colored, trained in an ordinary way from generation to generation. They could commonly make a patient comfortable, follow the physician's directions, and meet the chief essentials in nursing. They were not equal to the trained nurses of to-day, and these had not

then come upon the stage, but are a later blessing. The colored nurses did not generally keep records, excepting mental, and rarely took the temperature in 1878, for the clinical thermometer was just coming into vogue. Probably not one physician in twenty had the instrument in use throughout the United States, and their use had not been taught in the colleges attended by the older men. Now how different! The young physician is not equipped for practice who does not carry this noble, important aid in diagnosis. The price of one at about the time here written of was three dollars and seventy-five cents. Now a good one, registering and with magnifying index, can be obtained by physicians for seventy-five cents. But thirty years have made a change in many things, medical and others. Now every physician, student and nurse has one, as well as many families.

Making Up the Report.

When the members of the Commission had carefully gone over all of the material at hand, discussing and critically analyzing everything, an outline of the nature of the report to be made was agreed upon. This was left in the hands of the chairman, Dr. Holcombe, to reduce to proper shape. The members were to disperse to various points, gathering further information, and reporting to the chairman, who sent proof copies of what he had so ably written, to each of the members, who returned the same with any corrections or suggestions that seemed indicated. The whole was printed and published in pamphlet form by Boericke & Tafel, who may possibly yet have copies for sale. It was directed "to the President and Congress of the United States." A copy was sent to the President, and one was laid on the desk of each Senator and Representative. It was an eye-opener in many respects, and was largely discussed. The members who had left their homes and met in New Orleans for nearly a week in the undertaking were proud of their achievement, and all the friends of Homœopathy were gratified by the advantageous showing made. The homœopathic journals published liberal extracts, as did some of the daily press; the "regular" ones criticised feebly, and the whole report was embodied in the Transactions of the American Institute of Homœopathy, to which body it was especially presented in 1879.

Of the eleven members of the Commission but three are now living: Dr. Breyfogle, who several years after retired from medical practice, and is now, I believe, in New York; Dr. Price, of Chattanooga, still in practice, and the writer (ditto), who takes pleasure in recalling his colleagues and the brave, noble and important work they did. None of us are now youngsters excepting in feeling, especially in recalling the past. All were friends, working in perfect harmony while interested in the same common cause which we all loved so well.

Some Personal Observations.

Having referred to the heroism displayed in epidemic times, it may be wondered what my opportunities were for knowledge of this that I should write so emphatically, and, perhaps, I may, without being accused of a vain asperity, devote a few lines toward satisfying this very natural curiosity.

In 1854, my home city, Savannah, was visited by the most severe epidemic of yellow fever that ever afflicted that or any other city. The normal population was about 16,000 or 18,000 souls—about one-half white. It was this latter half that was principally affected, the negroes during that season being rarely affected. All the white people who could get away took to hasty flight, leaving perhaps about 5,000 white people. The doctors advised all who could do so to get away, thus reducing the fuel for the fire.

There were probably about forty physicians all told. Of these ten, say twenty five per cent., lost their lives. If any such rate of mortality among physicians has ever been recorded it has escaped me. But two physicians—old yellow fever birds, as they called themselves—who were careful to avoid unnecessary risks, or were probably immune on account of former attacks, escaped the fever. There were five homœopathic practitioners in the city, all graduates of old school colleges, I having been graduated that spring, now fifty-four years ago, being the youngest. Dr. W. H. Banks, my partner, became ill, and when able, went to the country to recuperate. Dr. J. M. Schley, the eldest of the five, was soon after seized, and his brother, Dr. Freeman Schley, then, like myself, starting in practice, soon went with his brother to the family home in Augusta, where he left him and returned to Savannah. He promptly developed the fever that night. I was called to prepare him for the trip, as he was to take the train for Augusta at 8 A. M. There his promising life was speedily ended.

Dr. Louis Knorr, the only homœopathic colleague remaining, now soon became my patient, and as soon as I thought it prudent for him to move, advised him to go, as he did, to the country. This left me as the only homœopathist of five in the city, with the fever in its maddest rage. To attend to all calls was impossible, but considering the claims of each, I made the best selection I could, and did all that time and strength could accomplish. No consultations were allowed by our friends of the sectophobic persuasion, so I was lonely as well as young. Did I "see sights?" Well!"

About the middle of September occurred a fearful gale, such as sometimes occurs during the equinoxial season on that part of the coast. Trees were thrown down and houses were unroofed without number. The sickness increased, the mortality was great, fifty-one burials having occurred the day after the severity of the storm. An eminent physician, Dr. Wildman, was buried by the servants of his house without the attendance of a white person.

During all of this dreadful time there was a scene of desolation in the city. The one appalling subject occupied the thoughts of all. Hopes were entertained that the storm might be followed by a diminution of the pestilence, for the part of the stegomia callopus in the dissemination was not then known, and frost was still far off; but these hopes were blasted.

The physicians were, of course, overworked, and,

as before stated, fell at their posts to an unparalleled degree. Brave men and women in all spheres of life were doing all they could, and much nobility of character was exhibited and life-long friendships were formed.

Sorest trials have their uses,
I have found it so, I know;
Nothing knits a friendship closer
Than a sympathy in woe.

Appeals for help were liberally responded to by absentees and benevolent people at a distance. The express company brought free to the Young Men's Benevolent Association—noble Captain William Hone, president—money and provisions without stint, which were properly distributed, saving the lives of many, even of some who were of comfortable means, that would have otherwise perished. Money would not save, food was not to be had. The grocery stores were all closed, and not a country wagon with provisions could be seen. The blighted city was shunned.

The priests and ministers, as usual, stood their ground, and like the doctors saw many affecting scenes and rendered most important aid. All who were not ill were helping those who were, for urgent was the need. I could readily fill the pages of a number of the Century with details of suffering and of tragic death. But I forbear. It is too difficult to avoid an appearance of egotism in these reminiscences of what I saw and knew.

Pestilences have often been described, but my pen is not facile at this, although pictures come to me of heart-rending affliction in every way, and seemingly unending. The details would be too harrowing. Yes, I knew many of the heroes, and especially the heroines—of whom the number seemed to be greater—and should like to dilate upon the latter, for I knew of many glorious examples.

My turn, of course, came, and was severe, but with excellent nursing (and I had taken the precaution to secure a good nurse beforehand) and occasional visits by Dr. Banks, who was able by this time to come to the city for a part of each day, I was able to resume duty in ten days, and continued to the end of the season, which came as usual with frost.

It was fifty-four years ago and I can find no one now with whom to converse upon these scenes and compare experiences, so being in the humor to reflect upon these remembered events I must impose upon the indulgence of the readers of the Century with some facts and some cognate cogitations.

The Doctor's View of Woman.

It is the lot of the family physician to see much of the female part of his clientele, especially in epidemics or other times of trouble and suffering, for where suffering and misery are to be found there will also be found woman, and so the doctor knows her well. It is the physician of the sterling sort who gets close to his patients, who has opportunity to know the unspeakable sorrow and grief that comes to the stricken wife or mother, or other one bereaved, and who can better than any other sympathize (suffer with) with those who have lacerated or crushed hearts.

Walter Scott, who was a student, and knew woman well, has probably contributed to poetry and to literature the most popular and enduring apostrophe to woman that can be found:

Oh, woman! in our hours of ease,
Uncertain, coy and hard to please,
And variable as the shade
By the light quivering aspen made;
When pain and anguish wring the brow,
A ministering angel thou!

In the first lines there is a touch of exaggeration, used, no doubt, as an antithesis to emphasize the closing lines.

Shakespeare, whose intellect was "an ocean which touched all the shores of thought," has strongly depicted admirable women, as, for example, in the faithful, filial Cordelia in King Lear, in various aspects, but has left no especial apostrophe to woman.

But it is the physician who knows woman best, who has seen her most tried, and who appreciates her most thoroughly. Occupying a close and necessarily confidential relationship, he knows more than any one the trials endured while all unknown to the world; he consequently reflects upon the disparity shown in the amount of eclat attaching to deeds of men as compared with those of woman. We have heroes, but we have also heroines, the latter receiving scant honor as compared with that bestowed upon the hero.

While man, the hero, seeks and wins renown,
It is dear woman still deserves the crown.

Let us consider: When the soldier "seeking the bubble reputation at the cannon's mouth" unconscious of any great merit, and doing what he is commanded to do and could not avoid doing, is successful in his brief charge, especially if he be an officer, he has an immortality of fame. How is it with the braver woman who watches with sleepless and pitying eye for days and nights over some dear or important one whose life she saves?

Sergeant Jasper, of Revolutionary fame, was a brave, a very brave man. When he seized a flag that had been shot down, and while replacing it on receiving a fatal bullet, he was fortunate enough to have time to say, "Tell Mrs. Elliott I died defending the flag she gave us;" and surely he was worthy of the monument and the historical commendation that fell to his posthumous lot; but were there not at the same time a score of his brave comrades who were ready to do the same brave act, but were shot down to occupy nameless graves?

This illustrates the uncertainty of fame, and it shows how the quiet, unobtrusive heroes and heroines labor and pass away without the credit due. The face of our beautiful earth is flecked with monuments and tributes to historic men, which is well, but how about the millions of heroic women who have perished while on faithful duty at dangerous posts?

During our Revolutionary war, during the Confederate war, and during all the wars of our country, the women suffered with the men, and often more. Left at home to suffer and be strong, to work with tearful eyes and anxious hearts to support the dear ones at home and to send comforts to the dear ones in the field, was there not a world of heroism here displayed? Without the co-operation of woman to what would the achievements of man amount? And yet the lion's share of credit goes to man!

It is during epidemic times, those trouble-tempests, that try the souls of men and women that woman shines transcendant, tender and true. But where are her monuments? England should scarcely need a suggestion, at the proper time, to raise a splendid one to Florence Nightingale.

It is in domestic life that the chief heroism of woman is disclosed. A tenderly and generously raised woman makes what is supposed to be an eligible match, but from undiscovered viciousness or a nature altered by debauchery, untold misery is the part of that mistaken woman. But this must not be known, only the family physician may be the confidant. He knows the agony endured and the bravery of the victim.

Possibly it may be a brother, son or other relative for whom sacrifice must be made, and what a world of such self-abnegation is constantly practiced! Only the doctor comes to know a part of this, for secrets are sacred in his keeping; but the divorce courts are sometimes forced to give glimpses of what noble woman has to suffer at the hands of brutalized man.

What pictures of devotion might be given by the doctor of women who, with suffering child or other kindred, have sacrificed strength, comfort and even life after seeing one after another of those she had loved go down! It would require volumes to contain these. The doctor, then, is the one to properly estimate woman. But his admiring gaze is not turned to those who have sought for distinction in the public eye. He knows better where to look.

Were the Angel of Mercy looking for objects upon whom to bestow tokens of appreciation of goodness she would not pause before an Amazon, she would not select a Semiramis or a Joan of Arc, but she would smile upon the Sister of Charity, or in some quiet abode upon some loving, self-sacrificing woman, whose nature is full of the milk of human kindness, and whose days and nights have been largely given to unselfish devotion to those who were suffering and in need.

Were the doctor with his opportunities for knowledge called upon to point to his ideal woman he would not indicate the one who is striving for public applause and renown, not the one who is eager for self-aggrandizement, not the one who would take man's part upon the martial field, upon the hustings or be boxed up as a juror. No! he would estimate these at their worth, but they are not of his choice. He would protect all women even against their protest. He would spare them from the battlefield, from the jury panel, and from the demoralizing and besmirching influence of the precincts of the polls. Yes, the doctor who knows woman so well, who is devoted to her real good, would be sure not to err in appreciating her so highly, and in placing her in her merited position. He would select with care and exalt the best, he would point to the glorious name with which this article must close:

> But she who far out ranks them all,
> Stands highest in the human scale,
> Is loved and honored in all lands,
> Is blessed Florence Nightingale.

HOMŒOPATHY IN SPANISH AMERICA.*

BY GEO. B. PECK, M. D., PROVIDENCE, R. I.

Special attention to the condition of the new school of medicine in the Latin-American republics is now timely, not only because of the evident entente cordiale existing (with possibly a single exception) between them and our own government, but also because of the rapid growth of international commerce. This makes it the imperative duty of each one of us to know the names of Homœopathists in each emporium at least to whom we can recommend our patrons when thither called by duty or by pleasure.

Argentina.

In the city of Buenos Ayres, a population exceeding a million souls and more than 1,500 diplomad physicians, there are but three homœopathic practitioners, Joaquin A. De Toledo, aged fifty-six years; Florentine Ortega, fifty-eight years, and Camille Clauselles, seventy years. Naturally they are engaged in unremitting defensive warfare, which is successfully maintained, for all are thoroughly educated, while the first named possesses the additional advantage of being the son of a pharmacist, and of practicing five years in Paris as pharmacist and chemist before commencing the study of his present profession, which he has followed twenty-one years. They have the right to dispense their own remedies, although there is a solitary drug store that pretends to keep a full assortment of homœopathic medicaments, but most properly these gentlemen distrust their value when stored beside vinegar and oils. The cause has secured the respect of the community through the work of its exemplars, for, as one remarks, the production of good deeds is more effective than the dissemination of great publiccations. More new school practitioners are needed, and would find ample employment, but they must not so much as lisp Homœopathy until a license has been secured, else the examining board will, if possible, prevent their obtaining one. This can readily be accomplished, for the Spanish language only is recognized. Parenthetically it may be remarked that the pharmacists are chiefly Italians, the physicians Frenchmen, "who make a great noise, change

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*Adapted from the report of the International Bureau of Homœopathy to the American Institute, June, 1908.

their medicine every moment, but do not accept Homœopathy." The English, of whom there are many resident, are undesirable clients, for when they become seriously ill they at once betake themselves to the Britannic Hospital. In the provinces of Argentina bordering on Chili, notably in Mendoza and San Juan, Homœopathy is far more prosperous, but its practitioners come from the latter country. The Argentine doctors are absolutely afraid of them. My correspondent urges the use of the fifth dilution of Ceylon cinnamon where some would employ Chininum sulphuricum in the treatment of typhoid fever, also to combat aphthæ in infants.

Brazil.

As if in confirmation of the favorable report as to the condition of our school in this country (see Medical Century for January, 1905), definite assurance has recently been received that it there enjoys the advantages of "many hospitals."

Chili.

Homœopathy was introduced into Chili by Dr. Espanol Benito Garcia in 1850. He published translations of the Organon and Hering's Homœopathic Manual, also two works of his own. In addition he printed a monthly review, entitled "Boletin Homeopatico." Moreover he opened a dispensary at Santiago, through which, because of his good deeds and wonderful cures among the poor, he became the fashionable physician of the rich. He was popularly known as the "Doctor of the Little Waters." He engaged in many discussions on the platform and in the press, converted many allopaths and became the family attendant of a number of his former opponents. A little later Dr. D. Fedrico Cobo, wealthy, philanthropic and of high social position, opened a homœopathic clinic, which was always crowded. He preferred to treat the poor, to whose aid he brought both science and money. He was familiarly called "The Dead Raiser." Incessant labor cut him off in the prime of life; he was followed to the grave by weeping thousands. His successor was his pupil, Dr. Juan Brunner, an ex-allopath, who was the doctor of the well-to-do. This man was very studious and very successful, wherefore he was styled by some "The Wizard" and by others "Dr. Faustus." His receipts ranged from three hundred to four hundred pesos per diem, a circumstance at that time of much value to our oft-despised school, as proving that all did not hold our globules to be merely pills of sugar and starch. Among the homœopathic physicians residing at Santiago at the present day may be mentioned Carlos Soto Herrera, Alejandro Bustamante, Victor Gomez Martinez, Horcio Guzman, and Enrique Allende Rios. In Valparaiso there are two doctors of renown, Francisco Galleguillos Loera and Enrique Morisiaux. Besides there are in that city a number of lady physicians who cure with infinitesimals. The total number of regularly educated members of the new school in Chili varies but little from eighty. In addition to these scattered throughout the country is an indefinite number of persons who have received more or less instruction regarding the science of therapeutics from their own medical adviser or from some peripatetic "professor." So successful is their treatment in comparison with orthodox methods that the entire nation is permeated with a respect for if not confidence in Homœopathy. Obviously, then, it is the policy, not to say duty, of the more highly educated members of our profession there resident to organize local societies, each covering convenient territory, and bring into them those who have not been favored with equal opportunities. Through monthly or quarterly meetings these can be gradually fitted for the more perfect discharge of their duties. On the other hand, should they contemn these humble disciples of our common master and plot their extinction, they would deprive the cause of vast material strength, would minister to the aid and comfort of the enemy and insure their own ultimate extinction. Of course, it is expected that they will encourage and adjust as circumstances may permit all who manifest aptitude for ministering to the sick.

Some half dozen years ago a motion originally prepared by Senor Pedro Montt was brought before the Council of Public Instruction with the approval of the Council of State and of the Senate to establish a chair of Homœopathy in the university. The allopaths promptly threatened to vacate all hospitals if this was done. As there were not sufficient Homœopaths to fill the vacancies that would thus be created they defeated the evident will of the people, lest the light of truth would reveal the real character of their own alleged science.

Although, generally speaking, there is no Chilean homœopathic literature, in April, 1902, Dr. Bustamente published a volume on Homœopathic Therapeutics, while on November first of the same year appeared the initial number of a monthly magazine, entitled "La Salud"—Health—under his editorship. He maintains a dispensary that treats about 4,000 annually. During the bubonic plague he treated nine patients ill with that disease, of whom but one died. The allopathic mortality was 75 per cent. Homœopathic pharmacies are to be found in Santiago and Valparaiso.

Colombia.

As a supplement to the historical report concerning Colombia contained in the Transactions of 1907, the following facts are worthy of record: There are nearly two hundred homœopathic practitioners in that country, of whom four hold allopathic diplomas, the remainder that of the Instituto Homeopatico de Colombia. They have as yet no hospital, but Dr. Luis Paez proposes to open one at an early date. The profession supports three dispensaries. No one can practice without a diploma. There is no obstacle in the path of any foreigner possessing that important credential who wishes to settle there, while the members of our school desire some to come from here to assist them in opening a college The general sentiment of the community regarding Homœopathy is favorable.

Equador.

Reports from our consuls in two of the chief cities would indicate no homœopathic practitioners

are to be found in Equador. However, investigation will be continued.

Peru.

The sole expositor of the doctrine of Similia in Peru is George H. Deacon, who graduated at the Pulte Medical College in 1877. To him belongs the credit of introducing its knowledge and the greater honor of waging single handed a contest through well-nigh a score of years that eventuated in opening the portals of that country to any Homœopathist holding a homœopathic diploma. (In my report to the Institute immediately preceding the word "diploma" are to be found the words "or even an allopathic." Farther consideration has satisfied me the local examining board could equitably summon before it any person holding an allopathic diploma or one who professes to "practice both ways.") Practically it was a fight against the medical department of the University of Lima, which claimed the right with an arrogance that would have been sublime had it not been impudent to pass upon the qualifications of a practitioner presenting a diploma legitimately obtained from a college of unquestioned legal standing, when the National Constitution, Article XXIII., provides that "Any profession or trade which is not injurious to health, does not offend morality, nor threaten public peace, can be exercised with entire liberty. As the authority of that corporation had never before been questioned, and as allopathic physicians are nothing if they are not politicians, it had comparatively little difficulty in securing an order from the major enjoining him to abstain from healing and to take off his name and the title of Homœopath from the door of his domicile. He then appealed to the national authorities, but Gen. Yglesias, one of the military adventurers who at times have been the curse of nearly all the Spanish-American governments, was in power. He trampled down the rights of all citizens, and on the recommendation of the inspector-general of hygiene and of the then attorney general of the supreme court, based upon the unfavorable report of the dean of the medical faculty, it was decreed, February 11, 1885, that he had no right to practice his profession unless he submitted to the examinations prescribed in the Regulations of Public Instruction and those of the Lima School of Medicine. As soon, however, as the tyrant's brief race was run and constitutional guarantees re-established, Dr. Deacon appealed to his successor, protesting that the laws of the country were pledged to the public exercise of Homœopathy, and that he was under the protection of Article XXIII., of the Constitution. On November 13, 1891, the president issued the following order: "The case of George H. Deacon, M. D., being of a peculiarly exceptional character, we decree that Congress resolve what may be most convenient." A bill granting permission to the doctor to practice his profession publicly passed the House of Deputies but failed in the Senate by a tie vote only, although eleven doctors occupied seats therein, and presumably fought as best they could in self defense. On November 17, 1895, a similar bill that had been approved by a new House of Deputies was passed by the Senate by a vote of twenty-two to ten. This was vetoed by the President of the Republic, who was unable to withstand the pressure, political and otherwise, that the allopaths brought to bear upon him, but Congress in its wisdom and honesty rejected the unfounded objections of the executive and insisted upon its action by an almost unanimous vote, so the bill was promulgated as a law of the country, September 6, 1897.

As may be readily imagined the discussion of this matter in both Congresses was decidedly acrimonious. The advocates of the measure based its justice and wisdom on Dr. Deacon's exhibition of his diploma in due form, conferred by a homœopathic faculty in the United States, and authenticated by the American Legation in Peru; also on the impracticability of the pretended examniation before a body of men hostile to him and ignorant of his profession, who would have to decide upon his professional competency. The opponents protested against its passage because while it could not be imagined that the medical faculty, composed of men of great learning, could be ignorant of Deacon's peculiar mode of treating disease and were of too high character to be influenced by prejudice, such action would be a reflection upon them. Unfortunately for their side, however, a senator who was then secretary of the medical faculty, and is now its dean, was convicted on the floor of having falsified a report to the government in 1884, while a Papal prelate who also occupied a senatorial chair and naturally favored autocracy was promptly and correctly informed that if he were to present himself for examination before a body of Protestant clergymen they would not approve the principles of his faith nor accept his practices as good. The same thing would happen to a Homœopath in the presence of an areopagus of allopaths."

Paraguay.

Diligent inquiry has failed to reveal the presence of a single disciple of Hahnemann in Paraguay.

Uruguay.

The present condition of Homœopathy in Uruguay was sufficiently indicated in the Transactions of the American Institute for 1906.

Venezuela.

Partly because of the strained relations existing between Venezuela and the United States, I am unable at present to make report concerning the condition of the new school of medicine in that country.

Central America.

The Central American republics require but little space. We have no colleague in Honduras, in Panama or in Salvador and but one in Nicaragua, Victor M. Roman, of Jinotepe. In Costa Rica reside G. C. Quezada, of San Jose, a graduate of the Cleveland Homœopathic Hospital College, and D. Rodolfo Clavijo, of Barba, in the province of Heredia, or of San Joaquin in the same province. Bartolome Marichal, LL. D., whose father, bearing

the same name, was a Homœopathist from Colombia, and having practiced a number of years at San Jose, is but recently deceased, still remains in that city. Of course, the son inherited his library and his medical supplies. The public is well pleased with the system, and many families have their medicine chests, but the old school possesses an absolute monopoly. Some two years ago Congress passed a bill authorizing the first five Homœopaths to form their own independent faculty, but sufficient pressure was brought to bear upon the president to induce him to veto it.

Mexico.

The future of Homœopathy in Mexico is apparently much brighter than in our own country. For an ample historical sketch thereof see the Medical Century for September, 1906. Some additional facts may be gleaned from Dr. Frances McMillan's report to the World's Congress in 1906, and my own to the Institute in 1907.

Greece.

Since presenting my last report I have learned that "modern Greek is simply the language of the newspapers, and is a variable quantity," also that "every practitioner in that country that amounts to anything converses fluently in German and in French." Accordingly I dispatched thither three letters in the latter language and succeeded in obtaining a solitary reply, couched, of course, in the same tongue. Through it I find Homœopathy was introduced into Greece not so long ago by Dr. Dephilippe, and that there are at present in Athens three representatives of that school: Dr. Psylas, Dr. Georg Karakatsamis, of Rue Piraus, 32, and Dr. Basileo Yountas, of Rue Socrate, 47, who is also Director of the Public Garden. The authorities treat our profession liberally, but there is no hospital or homœopathic pharmacy. "We are obliged to go to Europe for such medical supplies as we need."

Conclusion.

The practical lessons of the facts above stated are too obvious to require elucidation.

Practice of Medicine.

STATE-INFLICTED DISEASE IN OUR PUBLIC SCHOOLS.

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

"For more than a century it has been believed," says B. O. Flower, "that we of 'free' America had abolished rule by divine right and the concomitant infallibility of officialism. However, this belief of ours is fast becoming an illusion. Although a love for personal liberty is still verbally avowed, yet in every conflict raising an issue over it, it is denied in practice. By gradual and insidious encroachment, and the piling of precedent upon precedent, we are rapidly approaching the stage in which we will enjoy any liberty at all only by permission, not as a matter of justice. In this progressive and insidious denial of the freedom of conscience and action all three branches of the Government have been transgressed without seriously disturbing the serene century-long slumber into which we have been lulled by the seductive songs of liberty, whose echoes still resound in our ears, but whose real meaning we have long since forgotten. A century ago we thought we had settled these problems of liberty. In our Federal constitution we placed a verbal guarantee of liberty of conscience and then stupidly went to sleep assuming that the constitution possessed some mysterious potency of self-enforcement. Under the guise of judicial construction, the constitution has been judicially amended until those, who, by a dependence upon the constitution, endeavor to defend themselves in the exercise of a proper liberty, only make themselves ridiculous."

Liberty of conscience and freedom of action in this boasted "land of liberty" have become an "iridescent dream." While we are wont to mouth the Declaration of Independence on every recurring Fourth of July, and even teach it parrot-fashion to our children and to the pupils in our public schools, yet the principles of that noble instrument are strangers alike to the conscience and the intellect of the masses of our people.

The truth of the foregoing utterances becomes painfully apparent when we consider that the statute books of nearly every State in our American union are blackened and disgraced by the presence of laws which deny the freedom of health by prescribing disease as a preliminary and necessary requirement for admission to our public schools. By the enactment of these unequal, unjust and oppressive laws irresponsible health boards and school boards have been clothed with a despotic power which might well have brought the blush of shame to the cheek of a Nero.

Compulsory Distribution of Disease in the Schools of the Empire State.

The New York statute provides that, "No child or person, not vaccinated, shall be admitted or received into any of the public schools of the State." In accordance with the requirements of this monstrous law no healthy child can lawfully be taught in our public schools until he shall have been diseased. "No disease, no education," is the gruesome mandate of this odious and detestable law. "Be diseased or grow up in ignorance" is the inscription written over the school house door, in violation of right, reason, and common sense. Think of it, reader! The enjoyment of health is made a penal offense by a law of the Empire State, of this nation, while the distribution of undefined disease is made obligatory! Think of the unparalleled injustice and unspeakable outrage of the compulsory infliction of disease by the State upon its healthy children as a qualification for school attendance in this age of boasted civilization, hygienic enlightenment, and sanitaly science! The enactment of a law prescribing mental disease as a necessary

preliminary for admission to the public schools of the State would not be more preposterous and unjust than is the statute which prescribes bodily disease as a requirement for school attendance. This detestible and obnoxious statute which commands parents to endanger the lives and health of their children by subjecting them to a disease-transmitting operation of superstitious and barbaric origin is a species of legislative tyranny which is utterly unjustifiable and intolerable. The enforcement of this infamous law is one of the most fearful outrages upon human life, liberty and health, that avarice, bigotry, cowardice and political intrigue have ever devised. This monstrous statute which prescribes disease in the name of health is an insult to the intelligence of every sensible man and woman in the Empire State. This prescription is so foreign and repulsive to every natural instinct of humanity that it is only through the combined influence of tradition, custom and State authority that it is rendered at all tolerable in a civilized community of sane people. The enforcement of this law is a crime. To call it by any other name is to temporize. Although at one time an implicit believer in the "dairy maids' creed" having vaccinated more than 3,000 victims ignorantly presuming that I was protecting them from small-pox, I now denounce vaccination as the supremest folly of the age, and compulsory vaccination as the "crime of the century."

Politics and Compulsory Disease.

It may be asked, how came these obnoxious and oppressive laws to be placed upon our statute books? Did the people desire them or ask for them? No! Never. Without the knowledge or consent of the public these laws were clandestinely smuggled through indifferent, ignorant and incompetent Legislatures at the instance of a fraction of mercenary "lymph" manufacturers and politician-doctors, i. e., medicine-men who combine politics with physic in their business, men who have a stake in vaccination and are pecuniarily and professionally interested in the dissemination of disease among the people, men who regard the acquisition of the almighty "plunker" as of paramount importance to all considerations for the public health. This language may sound harsh, but it is not too harsh to be literally true. Through the persistence of these medical factions and their accomplices (the "lymph" purveyors), these odious laws were lobbied through our various Legislatures without the knowledge or consent of the public. The members of politico-medical factions at whose instigation and for whose special benefit and pecuniary advantage these monopolitic laws were passed have the shield of the State thrown over them while they brazenly pose as benefactors of mankind. These assassins of the public health have the assurance to ask the people to believe that these disease-prescribing laws were framed and passed in the interest of the public health. The pretext that these statutes were enacted in the interest of the public health is a hypocritical pretense. While that was the ostensible purpose of the law, they were actually passed for the selfish interest of and at the persistent solicitation of the venal clique of fee-hungry medical politicians and mercenary "lymph" manufacturers, who live and thrive at the expense of the public health. Like many other pernicious practices which infest society, this State-supported practice has its pecuniary incentives. That the money-value is the principal motive which actuates many doctors in their advocacy of this ruinous practice can not be doubted by any observer who has given the subject serious attention. Pecuniary interest, professional pride, reluctance to admit professional error are just as likely to lead astray members of the medical profession as those of any other business or profession by which men gain a livelihood.

If it were possible to eliminate the commercial feature from the vaccination enterprise, the solicitude of the vaccinating doctors and the "lymph" manufacturers for the welfare of "the dear people" would soon be found drooping. We all know how prone human nature is in this age of ultra-commercialism to nurse and cherish opinions so long as they favor our self-interest. Doctors are no exception to the general rule in this respect. They are human beings, no better and no worse than the members of other professions. Were it not that their pecuniary interests and professional credit are so intimately interwoven with the Jennerian delusion, they would gladly abandon the dreadful practice.

Compulsion Foreign to a Republic.

The idea of compulsion in matters of medical faith is foreign to our republican form of government. With sentiments of abhorrence we read of the horrors of compulsory religion which prevailed in monarchical governments during the Dark Ages, when the state stood behind the priest and enforced his heartless edicts by which thousands of innocent victims fell before the steel and flame of a merciless persecution. To our republican mind, compulsion is a hard word to understand, yet, to-day the Empire State of this boasted "land of liberty" stands behind the commercialized, fee-hunting, disease-grafting doctor and enforces his blood-poisoning operations against the health and lives of millions of school children. Compulsory religion was horrible enough, but what shall we say of compulsory disease—of the substitution by the State of the tyranny of doctor-craft for the tyranny of priest-craft?

Think of it, reader! State enforced distribution of disease in our public schools! What could be more prepostrous and pernicious? Our children cannot be lawfully taught in the public schools, which their parents are taxed to support, until they have been scarified by the vaccinator's poisoned lancet, their pure blood polluted with the corruption from sores on diseased beasts, and their bodies scarred for life. The "mark of the beast" is the legal passport to our public schools. Is it not incomprehensible that such an atrocious law should be permitted to blacken and disgrace our modern civilization? In conservative old England, the birth-place of the charlatan, Jenner, and his filthy

nostrum, compulsory vaccination, is a thing of the past, while in this boasted "land of freedom" this prince of crimes continues to curse our race. Be it said to our shame, that we of "free" America, still permit this foul blot from the filth-pens of ignorance and barbarism to smear and blacken our civilization.

Opposition to State-Forced Distribution of Disease.

Compulsory vaccination is not only opposed by unbelievers in the alleged value of the vaccine operation, but it is deprecated by many of the ablest believers in its asserted prophylaxy. All fair-minded people who profess belief in the alleged efficacy of vaccine inoculation very justly and consistently disapprove of its compulsory infliction upon the unbelieving and unconsenting. They deplore the legal enforcement of the rite as an unjust, unreasonable and inexpedient intervention of the State in a matter which should rightfully be left to each family to decide for itself.

What is "Vaccination" Which the State Prescribes?

In entering upon the discussion of a subject like this it is customary to define the principal term or terms to be employed. In the case of vaccination, however, it is impossible to do this, as there is no consensus of opinion as to what vaccination is. When something is to be dispensed by law it is usual and proper that the thing prescribed should be specifically defined so that people may know what the requirements of the law are. The State prescribes something which is called "vaccination," but what that something is, neither the State nor any other authority has yet been able to define. How then, I ask, can the State deal intelligently with that which it does not and cannot describe or define? How are the people to know when they are complying with the requirements of a law which fails to define that which it prescribes? Under the provision of an absurd and unreasonable law which prescribes "vaccination" indiscriminately for all the pupils in our public schools, the Jennerites have been permitted to describe and dispense as "vaccination" whatever practice they thought best met the moment. Regarding the ultimate source, the nature, character or composition of any one of the many and various "lymphs" now being forcibly inoculated into the healthy bodies of school pupils under the name of "vaccination," there is no concensus of opinion. There are more than a score of vaccine "lymphs" at present on the market. Each vaccinator chooses from the assortment any old "lymph" which happens to catch his fancy or caprice. All these numerous "lymphs" are different in composition. All are of different degrees of virulence, yet all are indiscriminately implanted into the wholesome bodies of children under the common name of "vaccination," and under the hypocritical pretense that they will work the miracle of securing salvation from small-pox without regard to its contributing causes. By the promoters of Jenner's quack-nostrum, vaccination has been vaguely described as the intentional transmission of a disease called vaccinia in order that a worse disease (small-pox) may be escaped. What the nature or character of the transmitted disease is the vaccinists are unable to tell us after a century of world-wide experimentation in its use. I deny the assumption that vaccination provides a means of escape from "a worse disease," and I affirm that even if it did provide such means of escape there would still be no justification whatsoever for its legal compulsion. Experience has amply proven that vaccination has not infrequently transmitted to the healthy body maladies far more loathsome and fatal than the disease it was presumed to prevent. Under the silly pretense that it is a preventive of one acute disease it has transmitted a large number of chronic diseases. I will now lay before my readers some reasons for adopting an attitude of uncompromising hostility toward the odious, unjust, and oppressive laws which prescribe disease as a preliminary qualification for admission to our public schools.

(1) These laws violate the natural rights of parents to protect the health of their children, and penalize them for conscientiously refusing to do that which they believe to be morally wrong.

It has been affirmed by no less an authority on legal lore than the distinguished jurist, Blackstone, that, "No laws are binding on the human subject which assault the body or violate the conscience." Compulsory vaccination is guilty of both these transgressions. It is contended, however, by those who favor compulsion that this is a matter in which "the end justifies the means." The answer is that no possible end can justify a means which makes the possession of a sound and healthful body a misdemeanor, and violates the conscience of law-abiding citizens. To do evil that supposed good may come is wholly indefensible in both law and morals. I am aware that the doctrine that "the end justifies the means" has been frequently used in the past for the defense and justification of all sorts of cruelties and crimes, and it will probably be so employed in the future. Since, in the very nature of things, it can never be right to do evil that possible good may come, the end does not justify the means in this case. To intentionally and forcibly implant into the tissues of the healthy human body the elements of disease is a gross transgression of moral as well as of physiological law. It is tampering with the integrity of nature by entering into a compromise with disease. It is doing positive injury that hypothetical good may result. When we consider that obligatory vaccination in our public schools is directed against the well and healthy, not against the sickly and diseased, not against those who are in need of the services of a doctor, the utter absurdity and injustice of this unsanitary practice become glaringly apparent. Both the theory and the practice of vaccination are utterly opposed to the plain teachings of hygiene and sanitary science. The vaccine theory is the most untenable dogma in the whole category of delusive medical doctrines. The preposterous theory that a sound and healthful child can be benefitted or the public health promoted by having the mixed contagia of the undefined disease of men and beasts infused into his pure blood is so utterly antagonistic to the basic principles of hygiene and so revolting to every nat-

ural instinct of the human mind, that one is amazed to find presumably sane people willing to subject themselves and their children to this barbarous and disastrous practice.

In Blackstone's Commentaries we read: "The right of personal security consists in a person's legal and uninterrupted enjoyment of his life, his limbs, and his reputation Both the life and the limbs of a human being are of such high value in the estimation of the law that it pardons even homicide, if committed in defense of them, or in order to preserve them."

Lord Chatham says: "Power without right is the most odious object that can be offered to the human imagination." "Tyranny is detestable in every shape, but in none so formidable as when it is assumed and exercised by a number of tyrants." The State has no more right to enter into a compact with doctors and "lymph" manufacturers to inflict disease upon our school children than it has to enter into a conspiracy with libertines and ruffians to enforce debauchery in our public schools.

Herbert Spencer, speaking of compulsory vaccination, says: "This medical popery which some men think so defensible is an exact parallel to religious popery which they think so indefensible."

State enforced religion was terrible enough, but State enforced disease is infinitely worse. It assaults the very citadel of life in an effort to force the elements of disease into the healthy bodies of defenseless children. There might be some justification in legislation for restraining people from resorting to such an unsanitary and dangerous practice as vaccination is known to be, but the community that seeks to compel by law the acceptance of this unnatural and degrading practice has yet to learn the rudiments of civil liberty.

John Stuart, in his work on Liberty (p. 24), says: "The only part of the conduct of any one, for which he is amenable to society is that which concerns others. In the part which merely concerns himself, his independence is of right absolute."

Now to any logical mind it is obvious that the unvaccinated cannot, because of their non-vaccination, be a source of danger to their vaccinated neighbors if vaccination protects. If the compulsionists say they can, they surrender the sole pretext upon which the compulsory law was passed. The law which excludes unvaccinated pupils from the public schools works rank injustice and serves no good or useful purpose, since it can only result in withholding free schooling from the children of the poor who are conscientiously opposed to the filthy and dangerous practice. Obligatory vaccination as a preliminary requirement for admission to our public schools is a despicable piece of class-legislation, which bears mainly upon the children of the poor. No rich man need have his children vaccinated. He has only to express his opposition to the school board and the matter is at an end; or he can employ a private tutor for his family. Not so, however, with the poor man's children, who must submit to the health-blighting operation or grow up in ignorance.

(2) Because doctors are utterly disagreed as to the asserted value of the vaccine operation.

I do not admit for one instant that if all the members of the medical profession were in complete accord on this point, compulsion would be justifiable, but if I were to expostulate the requirements which might reasonably be held to justify the State endowment and enforcement of a medical prescription, obviously one of the first would be that its value should be clearly proven that the doctors would be unanimous in its favor. So far from any such unanimity existing on the subject of vaccination, I need not tell students of the question that ever since the operation was first introduced, its asserted value has been strenuously denied by the most distinguished members of the profession, and that every one of the claims on which Jenner received his Parliamentary grants aggregating $150,000, and upon which the first compulsory law was passed, have since been entirely abandoned even by the ablest advocates of vaccination. It is, no doubt, true that the majority of old school doctors profess a belief in vaccination. It is equally true that in times past, the majority of doctors believed in the practice of mercurial salivation, indiscriminate bleeding, variolization, and many other practices which the majority of doctors to-day denounce. It is not long since the great majority of the doctors of "scientific medicine" were unanimous in denying a fever patient a swallow of cold water or a breath of fresh air. It is quite probable that in the not very distant future the majority of the vaccinating doctors may become anti-vaccinists. Stranger things have happened in the history of medicine.

"Ignorance is the Mother of Devotion."

The present belief of medical men in vaccination is largely due to their ignorance. The only knowledge possessed by the average doctor as to the alleged value of vaccination is just what he has been taught in medical schools and what he has read in medical text-books written by the partisans of this lucrative rite. The doctors who are addicted to the practice of the Jennerian operation do very little, if any, independent thinking on the subject. Instead of investigating for themselves they implicitly accept on "trust" the "infallible" dictum of their antiquated and biassed teachers.

(3) Because the theory of vaccinal prophylaxy is self-contradictory, the possibility of frequent successful re-vaccination proving that vaccinia does not protect against itself, and cannot, therefore, afford anything like protection against small-pox, a radically dissimilar disease.

Although more than a century of world-wide experimentation has failed to bring forth a scientific or intelligible definition of vaccination, the theory of vaccinal protection is simple enough. It is based on the popular notion that one survived attack of an infectious disease affords some sort of protection against a second attack of the same disease in that individual. Even if it be granted that this time-honored dogma has some justification in experience, and even if the still greater assumption be granted that all the vaccination that has been done and all

that is being done at the present time, sets up a disease equivalent to a mild attack of small-pox, it is still an easy task to prove that the belief in its assumed prophylaxy is reduced to an absurdity by the simple fact that it affords no protection, worth the name, against itself. The vaccine hypothesists assume that the disease intended to be transmitted by vaccination is a sort of modified small-pox, and that susceptibility to vaccination means susceptibility to small-pox. It is obvious, therefore, that the frequency with which so-called successful vaccination can be repeated on the same individual must, ex hypothesi, be an evidence of the frequency with which a re-vaccinated person might contract small-pox if exposed to its infection. By the way of illustrating how frequently the vaccine operation has been successfully repeated on the same individual, I now direct attention to the very remarkable testimony contained in the paper which Prof. T. Smith, D. V. S., of the British Army Veterinary School, communicated to the Sanitary Institute in 1892, entitled, "For How Long Does Vaccination Confer Immunity From Small-Pox?" As a result of an experience of some 80,000 carefully performed and closely observed vaccinations, and re-vaccinations, Prof. Smith, who is a believer in vaccination, tells us he arrived at the following conclusions: (1) "That after a successful primary vaccination, it is possible to successfully re-vaccinate the person twelve months later; and (2) that it is also possible for a person to be again re-vaccinated within three years of a thorough re-vaccination. On the basis of these demonstrations, therefore, it is obvious that all un-revaccinated children over one and a-half years of age, or thereabouts, and all re-vaccinated persons whose re-vaccinations are more than three years od, i. e., the vast majority of the entire population—are unprotected." I may also call attention to the even more striking admissions of Dr. L. C. T. Dobson, a distinguished British pro-vaccinist, made at a meeting of an old school medical society in London on the 10th of December, 1901, during a "Discussion On Modern Methods of Vaccination, and Their Scientific Basis," which was opened by Dr. S. Monckton Capeman. According to the report of "The British Medical Journal," Dr. Dobson stated that in some cases vaccination could be successfully performed again and again on the same person with different lymphs. He also referred to the case of a child having had three successful vaccinations within a period of four months, and added, "what efficient re-vaccination is has not yet been established." The Lancet (London) report of the same discussion further states that Dr. Dobson informed the meeting that, having himself been successfully vaccinated with lymph from the Government laboratories, he shortly afterwards inoculated his finger with lymph from another source and a typical vaccine vesicle resulted.

Dr. John Huddleston, of New York City, an old school pro-vaccinal authority of unquestioned orthodoxy, recently published a pamphlet, entitled "Vaccination," which was widely distributed. On page 15 of this brochure Dr. Huddleston says: "Susceptibility to vaccination frequently returns within one year from the time of successful vaccination." There are on record many hundreds of authentic cases of confluent small-pox having occurred in successfully vaccinated children under one year of age, many of which cases resulted fatally. In view of these facts, it is passing strange that the vaccinists cannot see that these admissions coming from the mouths of their own most distinguished exponents destroy the whole theory of vaccinal prophylaxy, and utterly demolish all the marvelous statistics that have been elaborated in defense of Jenner's nostrum. The vaccinists are in a state of hopeless confusion as to the length of time vaccination is supposed to protect.

In the course of a lecture on "Small-pox and Vaccination," recently delivered at Harvard Medical School by Dr. J. H. McCollom and reported in the Boston Journtl of March 2, 1908, it was stated that "Dr. McCollom declared that he had himself been vaccinated hundreds of times, in fact, practically every time he had a new patient of that class to attend." "Vaccinated hundreds of times" and still uncertain as to his "protection!" What a delightful prophylactic, indeed! If there be any virtue at all in the alleged prophylactic power of diseased calf-skin I am unable to understand why hundreds of inoculations of the magical stuff should be required to protect one man from small-pox for a period of a few years. One would think that Dr. McCollom's organism would long ago have become so thoroughly saturated with the quintessence of diseased veal and so completely impregnated with cow-pox that no other pox could find lodgment in his anatomy. Contrast Dr. McCollom's case with Dr. Jenner's positive declaration that one successful vaccination was a certain protection for an entire life-time.

(4) Because the accumulated experience of more than one hundred years has conclusively demonstrated that vaccinia neither prevents small-pox nor mitigates that disease when it attacks the vaccinated.

Having already proven that the theory of vaccinal prophylaxy refutes itself, it will seem like slaying the slain, to show that its alleged protection is untrue, in fact. It is admitted by all epidermiologists that small-pox declined enormously during the 19th century as compared with the 18th, but the etiological association of vaccination with that decline is not warranted either by evidence or by reason. The decline in small-pox had set in before vaccination was introduced, and it continued after the introduction as a consequence of the collateral abandonment and final discontinuance of the old practice of variolous inoculation, becoming more rapid with the dawning of the era of sanitary reform to which I shall later allude. That the decline of small-pox was not effected in the least degree by vaccination, unless adversely, is made clear by the following broad and incontestable data as officially recorded in the country which gave birth to Jenner and his disastrous delusion.

Referring to the official reports of England's Registrar-General, Dr. Farr, we find:

(a) In the first variolous epidemic after the com-

pulsory vaccination Act of 1853 came into operation, viz., in the years 1857-8-9, the deaths from small-pox numbered 14,244. In the second epidemic, of 1863-4-5, the deaths rose to 20,059, and in the third epidemic, which came immediately in the wake of the more stringent Penal Act of 1867, the deaths from small-pox reached the enormous total of 44,840, of which some 20,000 were of children under ten years of age. So that notwithstanding that the vaccination of infants increased from about 50 per cent. to about 90 per cent. of the births between the first and the third of these epidemics, small-pox also advanced in an increasing ratio. Indeed, while the population increased between the first and second epidemics 7 per cent., the deaths from small-pox increased 40 per cent., and while between the second and third epidemics the population increased only 10 per cent., the small-pox deaths increased 120 per cent.

(b) The percentage of fatal cases (case-fatality) among vaccinated and the unvaccinated combined, is practically the same now, in large epidemics, as before vaccination was invented, thus proving that the alleged mitigating effects of Jenner's nostrum must be quite imaginary.

(c) The experience of the well re-vaccinated men in the British army and navy, a picked class as regards age, physical strength, and health, shows an amount of small-pox and a rate of fatality which would be impossible if there were any virtue at all in re-vaccination. For example, during twenty-five years, 1880-1904, the thoroughly re-vaccinated British army in India had an annual average of 67 cases of small-pox, and .7 deaths per 100,000 of strength, while unvaccinated Leicester, during the same period, had an annual average of only 28 cases and 1.4 deaths per 100,000 of the population. The character of the disease among the troops "protected" by re-vaccination was also nearly twice as fatal as that among the "unprotected" men, women, and children, of Leicester, a town of 200,000 population, which rejected vaccination more than thirty years ago and has ever since persistently neglected the rite.

(5) Because experience proves that the vaccine operation is itself fraught with grave danger to the lives and the health of those subjected to it.

Its dangerous character, although recklessly denied by its promoters during the period of the arm-to-arm method of performing the operation, was clearly demonstrated by the revelation made before the Royal Commission of Inquiry on Vaccination and recorded in a special volume of their report. These gruesome revelations form one of the blackest indictments ever recorded against the "healing" profession in the history of medicine. In addition to that, during the 24 years, 1881-1904, inclusive, 1,041 deaths were admitted by conscientious doctors of England, on their own certificates, to be "due to cow-pox and other effects of vaccination;" and there are sound reasons for believing that the actual number was vastly greater, as it is known that deaths due to vaccination have not infrequently been certified as caused by some other disease. Moreover, if so many victims have been admittedly done to death by the vaccine operation what must be the number who, escaping death, have been seriously injured every year by this unnatural cruel and inhuman practice? "Possibly," says Mr. Swan, of England, the modern method of vaccinating with small-pox matter which has been cultivated on a series of calves, and then diluted with a mixture of glycerine and distilled water, may be still somewhat less productive of disastrous results than the older methods, but, if there is any truth at all in the germ-theory, and if what is called Listerism is anything more than a medical fad, it is certain that disease matter from a small-pox pustule, however much it may be modified or diluted, cannot be inoculated into the blood without incurring serious risk of unforeseen complications. In any case, it is speaking moderately to say that, whether the risk be great or small, no parent should be compelled to take it.

(6) Because experience has proven that the unvaccinated are not a source of danger to the community by reason of their non-vaccination, and they do not suffer from small-pox any more severely than do the vaccinated.

It is well known that certain towns in England (notably Leicester) have of late years largely rejected vaccination, and although repeated prophesies have been made of the dire results which would follow, there is ample and convincing proof that these towns have not suffered in nearly so great a degree as they did in their vaccinating days, or as well-vaccinated and re-vaccinated towns do to-day. For example, during the years 1902-3 there were many cases of small-pox in certain large towns in England, so that an opportunity was presented of comparing the behavior of badly vaccinated Leicester under the ordeal with that of other towns which were well-vaccinated and re-vaccinated. Having made a careful comparison of the official figures of Leicester and Liverpool it has been found: (1) that instead of the "unprotected" town of Leicester having had more cases and deaths, in proportion to population, than the highly "protected" town of Liverpool—as it ought to have had if vaccination prevents small-pox—it actually had fewer; and (2) that instead of the persons attacked having suffered more severely in Leicester than in Liverpool—as they ought certainly to have done if there is anything at all in the mitigating effects of vaccination—there was again a considerable difference in favor of the "unprotected" town. In short, it was safer, so far as liability to attack was concerned, to live in Leicester than in Liverpool; and so far as the risk of a fatal result was concerned, it was safer to be treated in the Leicester small-pox hospitals than in the small-pox hospitals at Liverpool.

(1) We are invariably told by the apostles of "the milk maids' creed" that vaccination, when it fails to protect from small-pox infection, always renders the disease milder and less fatal in the vaccinated. Let us see how much truth there is in this assertion. For the 27 consecutive years (1877-1903)—being the longest period for which complete official records are available—the small-pox

patients in the well-vaccinated and re-vaccinated town of Bradford, Eng., died at a greater rate than did the small-pox patients in the poorly vaccinated town of Leicester. Ninety-eight per 1,000 died in the Bradford hospitals, while only 71 per 1,000 died in the Leicester hospitals, as shown by the official records of these towns. In the neighboring well-vaccinated and re-vaccinated town of Leeds for the same 27 years the small-pox death-rate averaged two and a-half times more than the Leicester rate.

(2) In addition to the obvious advantages relative to small-pox, which Leicester enjoys as compared with Bradford and Leeds, respectively, the general death-rate from all causes is lower in Leicester than in either Bradford or Leeds.

Leicester Compared With Birmingham:

1871-72.	Leicester.	Birmingham.
Small-pox cases per 10,000 of population,	327	213
Small-pox deaths per 10,000 of population,	35	35

During the period above indicated, both Leicester and Birmingham were well vaccinated.

1891-94.	Leicester.	Birmingham.
Small-pox cases per 10,000 of population,	19	63
Small-pox deaths per 10,000 of population,	1.1	5

In 1894 Leicester had only 7 vaccinations per 10,000 population, while Birmingham had 240, or more than 30 times as much.

Leicester Compared With Warrington.

Epidemics of 1892-3.

	Leicester.	Warrington.
Small-pox cases per 10,000 of population,	19.3	123.3
Small-pox deaths per 10,000 of population,	1.4	11.4
Percentage of population vaccinated,	.6	99.2

The figures in the tbles here given were taken from the Leicester health reports and from the official reports of the health departments of Bradford, Leeds, Birmingham and Warrington, respectively. These official records give the lie direct to the assertion that either vaccination or re-vaccination protects from small-pox or mitigates that disease.

(7) Because experience has amply proven that personal hygiene, and municipal sanitary measures are the only real safeguards against epidemics of small-pox and of other filth diseases.

It is an indisputable fact that the greatest decline of small-pox in England and other countries, has taken place only in proportion to the hygienic enlightment of the people and the adoption of methods of sanitary reform. Any one who cares to examine the health reports of any large English town, such as London, Liverpool, or Glasgow, will find that small-pox and allied filth-diseases have declined together, especially during the last half century, thus indicating the influence of common causes and common remedies. If, therefore, the adoption of sanitary measures has been adequate to effect this large decline of zymotic disease generally, it is surely unreasonable to argue that exception should be made to one member of the group (small-pox). The result of the great pandemic of small-pox which swept over the well-vaccinated countries of Europe in 1871 and 1872 like a devastating tornado proved to a demonstration that, without sanitation, notification, isolation, and disinfection, vaccination was worse than useless. With these safeguards in operation vaccination is absolutely unnecessary.

In preparing this thesis I have appealed to recorded statistical facts and figures, which are as well authenticated as any facts and figures can be, and I invite the most rigid scrutiny of my use of them, and of my deductions from them. To the careful and conscientious consideration of the thousands of physicians who peruse the pages of the Medical Century I respectfully submit the foregoing facts and conclusions upon a subject which most vitally concerns the health and the lives of the whole human race. I deprecate no criticism, but, on the contrary, I court criticism. If any physician, who is conscientiously addicted to the unsanitary practice of intentionally inoculating the complex undefined products of the diseased tissues of men and beasts into the pure and healthy bodies of innocent children, imagines that he is able to refute any of the postulates submitted in the above thesis, I am anxious to hear from him. In concluding, I warn the apologists for the Jennerian doctrine that any attempt to wrap themselves up in the mantle of orthodoxy will be a grave dereliction of that sacred duty which the members of our profession owe to the public.

Societies.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The forty-second semi-annual meeting of this society, which now numbers over 600 members, met at Elmira, N. Y., on September 22, with Dr. W. S. Garnsey, of Gloversville, in ths chair.

The meeting was fairly well attended, a larger number of New York men being present than usual. The scientific sessions were well filled with instructive papers. Dr. W. A. Dewey addressed the meeting on the subject of organization and propagandistic efforts for students, the discussion of which, owing to press of time, was deferred. Among the social gatherings was a most enjoyable trip to Watkin's Glen, tendered by the Southern Tier Homœopathic Medical Society, and the homœopathic practitioners of the City of Elmira. The dinner at the Glen Park Hotel, which was a part of the entertainment, was a most excellent and enjoyable feature.

In the evening there was held a reunion of the Alumni of the New York College, at the Hotel Rathbun, in honor of the new dean, Dr. R. S. Copeland. Many prominent alumni of the college and

others were present and gave expression to their thoughts, and the new dean might have had the right to believe that he knew more about running a college than any one else in the world, for everyone told him how. The closing speech of the dean convinced all present that no mistake had been made in the choice, and many pledges of support were promised.

The Bureau of Materia Medica discussed the topic of How to Teach Homœopathy, and was full of interest, as were the other bureaux.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The forty-fifth annual session of this society was held in Harrisburg, Pa., on September 22, 23, and 24, President W. F. Edmundson, of Pittsburg, in the chair.

Much enthusiasm was shown in this truly live homœopathic society, and a watchfulness over the interests of the cause that is truly commendable. The society raised another $100 for the propagandistic work of the Council on Medical Education of the American Institute of Homœopathy, which, added to that subscribed at Kansas City, makes $200 from this society. Much interest was evinced in the presentation of the plan for student and Institute member propaganda by Dr. W. A. Dewey and warm support assured.

The entertainments provided were a smoker, theatre party, trolley rides, visits to the capitol, etc.

The following officers were elected for the ensuing year:

President, Dr. D. P. Maddux, Chester; Dr. E. W. Brickley, first vice-president; Dr. William Alvah Stewart, Pittsburg, second vice-president; Dr. G. B. Moreland, Pittsburg, recording secretary; Dr. E. M. Gramm, Philadelphia, corresponding secretary; Dr. Ella D. Goff, Allegheny, treasurer; Dr. W. F. Baker, Philadelphia, necrologist; Dr. T. H. Carmichael, Germantown, censor, one year; Dr. J. Ross Swartz, Harrisburg; Dr. Harry S. Weaver, Philadelphia; Dr. R. T. Prizer, Tyrone, and Dr. E. R. Gregg, Pittsburg, trustees, three to be selected.

Scranton was chosen for next year's meeting upon invitation of Dr. Ella L. Clark, of that city. The new homœopathic hospital there will be finished by that time.

They are well organized in Pennsylvania, and alert to the needs of the school. It was a real pleasure to attend so lively and enthusiastic a meeting.

Gaillard's Southern Medicine, published in Savannah, Ga., has an unusually imbecilic article on "Schools of Medicine," bemoaning sectarianism. Time was when Savannah was a stronghold of Homœopathy, and this article is good proof, in spite of the stupidity of the argument used, that there is much homœopathic sentiment yet in Savannah. We should have a half dozen practitioners in that beautiful city.

The Library.

BOOK REVIEWS.

Anatomy, Descriptive and Surgical.

By Henry Gray, F. R. S., late lecturer on Anatomy at St. George's Hospital, London. New American edition, enlarged and thoroughly revised, by J. Chalmers Da Costa, M. D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M. D., Professor of Anatomy, in the Jefferson Medical College of Philadelphia. Imperial octavo, 1,625 pages, with 1,149 large and elaborate engravings. Price, with illustrations in colors, cloth, $6.00, net; leather, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This new edition of Gray's Anatomy is the best of all the line of sixteen editions that preceded it. It has been thoroughly revised, every page bears alteration and improvement. Many sections have been entirely rewritten. The book, as it now stands, is the acme of perfection. It will ever remain the great text book on Anatomy in all medical educational institutions. The immense amount of illustrations contained in it and the high order of the same easily places it in the front rank of Anatomical works. There is, probably, not a physician in the country who does not know Gray's Anatomy. It is difficult to adequately review a work so perfect as this one. In all our homœopathic schools it is the text book and we believe it will ever remain so.

Radium as an Internal Remedy.

Especially Exemplified in Cases of Skin-disease and Cnacer. By John H. Clarke, M. D. 136 pages. Cloth, 2s. 6d., net. Postage, 2d. extra (American and Canada, 66 cents, post-free).—The Homœopathic Publishing Co., 12, Warwick Lane, London, E. C.

This is another work by that indefatigable worker, Dr. Clarke, and, as its title indicates, it treats of Radium as an international remedy. It is a book of 136 pages, containing cases treated by Radium in potencies, contributed by himself and others.

The Chronic Miasms.

By J. Henry Allen, M. D., Ill. Volume II.

This is the second volume of the Chronic Miasms and is devoted to the second of Hahnemann's Miasms, namely, sycosis. It is presented in about the same way as the first volume was presented. An especially valuable feature of the work is the excellent materia medica that forms a part of it. The different remedies given in the different diseases of which sycosis is the miasm, are well presented. It has been no small work on the part of Dr. Allen to collect all the data herein presented. It is a work, however, that will prove of great value to the homœopathic physician. We trust it will have a large and extended sale.

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OCTOBER 1, 1908

Editorial.

HEREDITY VERSUS CONTAGION AND IMITATION.

"The Explosion of the Theory of Heredity" is the title of a paper by Dr. A. L. Smith, Montreal, published in the New York Medical Journal of September nineteenth. It is a discussion of the claim that heredity has no etiological relation to cancer, insanity or alcoholism. Admitting that the idea is quite correct when applied to the breeding of plants and animals, the author contends that it is "quite erroneous and most unfortunate when applied to physical and mental disease."

He cites the fact the tuberculosis, until Koch's work demonstrated otherwise, was classed as an hereditary disease, and that millions of lives were lost because the contagious character of the disease was not discovered sooner. The views concerning cancer are now the same as were those concerning tuberculosis and the question as to exposure to contagion is never asked, while the greatest stress is laid upon the occurrence of the disease in members of the family, near or remote. A most unfortunate situation arises, in that no measures are adopted to *prevent exposure* to the disease.

Taking up an inquiry into the cause of cancer, he notes the fact that 18,536 lives were lost in the United States alone, according to the census of 1890. Ten years later the number had reached 29,475. He considers this due entirely to the fact that "the terrible mistake has been made of considering as hereditary and unpreventable a disease which is highly contagious and which, consequently, could be eradicated from off the face of the earth within the next ten or twenty years."

Twenty years ago such men as Shrady, of New York, and McEwan, Glasgow, said: "Cancer is essentially a local disease, and the opinion that it is a constitutional or hereditary one is productive of the most dire results." The writer's experience is that it is the exception to find any sign of heredity and this is based upon careful inquiry made during the course of thirty years of practice. Inquiries made of other physicians of large experience developed the same fact.

An interesting statement is that insurance companies are largely responsible for this belief, because of the stress laid upon the question in their medical examinations. "If the medical director . . . would have inserted in the application for the policy the question, 'Did you ever live in a house or come in contact with anyone who died of cancer?' it would soon become known that the disease is contagious and steps for isolating it would be taken accordingly, . . ." This certainly does seem reasonable, and the results could not be anything but vastly beneficial.

The author believes that "cancer is due to the presence of an amœba, a microscopical animal found in the bottom of ditches, ponds and pools of stagnant water." He then goes on to explain the *modus operandi* of the inception and development of the disease, claiming that the animal gains through the alimentary canal or through an abraded surface. "They may be circulating in the blood of many of us, but as long as every cell in our bodies retains its normal vital resisting power, they will withstand all attacks from the cancriamœbal forces. But let the vitality of a part be lowered by an injury or a bruise, or subjected to a constant irritation like a clay pipe on the lip, or exhausted by chronic warfare against chronic inflammation, the cells become weakened in their vital resisting power to the extent that they cannot longer repel the attacks of the enemy and the disease has commenced."

This takes us back to a paper presented to the 1906 Congress by our Dr. Dieffenbach, of New York, in which he makes a strong argument for traumatism as a cause for cancer formation. He, however, does not take up the possibility of there being in the tissue, hibernating, as Dr. Smith speaks of it, this micro-organism, waiting for a developing cause. But when one reads the two papers, the certainty of the correctness of the claims of both authors grows. Dr. Dieffenbach's article may be found in the 1906 transactions of the Congress, page 562, *et seq.*

Dr. Smith goes on to describe the cancer development and the efforts of nature to combat the disease, the more the disease, the more frequent result of the contest being the triumph of the cancriamœbæ.

He draws a parallel between the history of tuberculosis and that of cancer, in that just so long as

the former was considered hereditary there was a decided increase in its prevalence. When, however, it was recognized as contagious, proper steps were taken to prevent its spreading with a resultant decrease in the number of cases. So now with cancer. It is unquestionably on the increase, the proportion of cases of the disease to that of tuberculosis having undergone a great change. In one town where records have been kept for forty years the following is what we learn: From 1864 to 1874 there was one death from cancer to forty from tuberculosis. From 1874 to 1884 the proportion was three to twenty-six. From 1884 to 1894 the proportion was eight to seventeen, while from 1894 to 1904, *there were twenty deaths from cancer to seven from tuberculosis.*

"Cancer is an absolutely local disease in the beginning and should be removed at the earliest possible moment after its presence is *suspected.*" Not only this, but all houses in which cases or a case are known to have existed, should be most carefully disinfected, as much so as is now done after what are considered the most malignant and contagious of diseases.

In the same careful way that characterizes his consideration of cancer, Dr. Smith takes up insanity, all his arguments going to uphold his contention that this disease is not inherited. He claims that "our brains are just what we make them by exercising, cultivating, feeding, starving and poisoning them." He states that ninety-five out of one hundred women who are insane are so because of one of two reasons. The first of these is defective nutrition, the second, poisoning. Under the former heading he places lack of sufficient air and sunlight, anæmia from increased demands from other sources, starving from lack of nourishment, and irritation with consequent contraction of the cerebral arterioles. Under the latter heading, poisoning, he includes autointoxication by ptomaines and from defective digestion and assimilation, whereby the proteids do not reach the ultimate stage of urea, but stop at the stage of creatin, creatinin, xanthin or uric acid; second, the cases of defective secretion by the liver and kidneys so that poisons such as bile and urea accumulate in the blood and inundate the brain cells; and third, septic conditions after operations.

These contentions he very carefully analyzes, showing how his claim may be substantiated. He does not, of course, include in his consideration idiots and those who are insane by reason of their having an actual organic change in progress.

It is interesting to note that so eminent authority as Dr. Vallee, superintendent of the Beauport Asylum, Quebec, "believes that many cases of insanity are contagious in the sense that one member of the family may, by imitation of the insane actions of another member, gradually become as insane as the other one."

He rather briefly disposes of the theory of hereditary alcoholism, stating his belief that what has been taken for heredity is simply a matter of imitation.

He closes his article with the following strong paragraph: "If more attention were paid to training and environment and less to heredity, there would be fewer consumptives, fewer people with cancer, fewer insane, fewer drunkards and fewer murderers."

Taken altogether, the article is one of the strongest we have seen in a long time and the subject matter is presented in such a way as to impress one with its importance and the necessity for a more general consideration of the facts with which the author deals.

EDITORIAL BREVITIES.

Dr. Royal S. Copeland in New York.

The New York Homœopathic Medical College and Flower Hospital opens the session of 1908-9 with a new pilot at the wheel, Dr. Royal S. Copeland, of the University of Michigan Homœopathic Medical Department.

We believe that the new dean will solve the problem by action, that has been so frequently reiterated in words, namely, the making of this magnificently equipped institution the leading homœopathic college of the land.

This will require united effort and team work among the entire profession of the Empire State, the alumni of the college, and especially among the faculty; given this and the teaching of a good and reasonable Homœopathy from every chair, success is assured.

Doubtless there will be many obstacles to overcome, wrinkles to iron out, and sore places to be balmed, but we believe Dr. Copeland, with his extensive experience in solving college problems, will solve this one to the satisfaction of the profession, the trustees and the Alumni of the College.

We wish Dr. Copeland all the success he deserves, and that is unbounded, and we firmly expect that under his able guidance our old Alma Mater will become rejuvenated and vigorous.

Resolutions on Dr. Kraft's Death.

At a special meeting of the Executive Committee of the American Institute of Homœopathy, held in the Coates House, Kansas City, Mo., on Monday, August 17th, 1908, the following preamble and resolutions were adopted:

Whereas, Our beloved secretary, Frank Kraft, M. D., has entered into the great transition from his earthly labors into his eternal rest; therefore, be it,

Resolved, That the Executive Committee of the American Institute of Homœopathy would place upon record the very great loss we have sustained.

His hearty belief in the principles of Homœopthy combined with his clear-cut ability to express those beliefs made him at all times a fearless and uncompromising antagonist. His genial and loving nature made him the lasting friend of all who came to really know him.

Resolved, That these resolutions be placed upon the minutes of the American Institute of Homœopathy, and a copy be sent to the family of Dr. Kraft and also published in the medical journals.

(Signed.)

Wm. Davis Foster,
Thomas H. Carmichael,
J. Hensley,
J. Richey Horner,
Thos. Franklin Smith,
J. H. Ball,
Executive Committee.

The New Oklahoma State Board.

The new State Board of Medical Examiners has just been appointed by the Governor of Oklahoma, and it is composed of 4 Allopaths, 2 Homœopaths, 1 Eclectic, and 1 Physio-Medical. No one school having the majority over the others. We are most pleased to chronicle the appointment of Dr. Joseph Hensley, of Oklahoma City, to a membership on this board. Dr. Hensley, as is well known, had much to do with the drafting and enactment of the medical law and obtained for the homœopathic school its just recognition and representation, and there is no better man in the State to be placed on the board than Dr. Hensley. That he will watch our interests in a true and loyal manner goes without saying. The other homœopathic member appointed is Dr. D. M. Miller, of Blackwell. Dr. Miller is a fine gentleman, a zealous Homœopath, and our profession can rest assured that with two such men as Hensley and Miller on the Olahoma board there will be no monkey or California business doing.

The New Pharmacopœia.

The energetic chairman of the Pharmacopœia Committee has succeeded in getting the Pharmacopœia of the Institute endorsed by more than two-thirds of the State societies of the United States. There seems to be much unanimity of the States in this regard. We believe all our pharmacies, probably, without exception, will stand ready to prepare medicines according to this standard, but we also presume, notwithstanding the Institute some years ago, by resolution, condemned them, that they will continue to make and sell combination tablets to those who order them, and that they will make and sell tinctures and dilutions in any special way the physicians may order them. But back of all this is the official pharmacopœia, which is and must remain a standard. The Pharmacopœia Committee have done continuous and strenuous work and are to be congratulated at having been so heartily endorsed.

Editor's Table.

GENERAL NOTES.

The opening exercises of the Hahnemann Medical College, of Chicago, were held at the college building on September 22. A marked increase in the enrollment is reported.

The Mississippi Valley Homœopathic Medical Society held a successful meeting at Rock Island on September 23d. Dr. J. P. Cobb, president of the Illinois State Society, was present, and spoke upon organization, the new Journal, work of the Council of Education and kindred topics.

A new homœopathic sanatorium has been established at Atlantic City, N. J., under the management of Dr. A. W. Baily. Its name is Hahnemann Hall Sanatorium. We predict success for Dr. Baily in this venture and believe it will add another creditable institution to our school.

The Committee on Increasing Membership of the New York Homœopathic State Society has been doing effective work the past year. Dr. C. T. Haines, of Utica, is chairamn.

We learn that a new edition of Dr. H. V. Halbert's work on the Practice of Medicine is soon to appear.

Dr. J. C. Nottingham has returned to Bay City after spending the better part of the past two years in Colorado and on the western coast.

Two of England's most prominent homœopathic physicians, Dr. Alfred C. Pope and Dr. Edward M. Madden, died recently. Dr. Pope was for many years editor of the Homœopathic Review, and Dr. Madden was one of the most lovable of men and a sterling Homœopath.

The Colorado Homœopathic Society met on September 8 and 9, in Denver. Dr. Clinton Enos was president.

Dr. S. H. Calderwood is chairman of the Board of Medical Examiners of Massachusetts.

The president of the New Hampshire Homœopathic Medical Society is Dr. J. E. Willis, of Somersworth, and secretary, Dr. R. W. Sweet, of Rochester.

Dr. A. B. Norton returned from Europe on September 22, and has resumed his practice. During the summer his headquarters were in Paris.

The Journal Committee of the American Institute have had several meetings in Chicago, wrestling with the proposition of establishing the Institute Journal. Up to the time of going to press we have nothing definite to report, though several propositions are under consideration, we understand.

We had the pleasure of meeting the large delegation of Pittsburgers present at the Pennsylvania State Society, in Harrisburg, last month. They are an enthusiastic homœopathic crowd in themselves.

The Homœopathic State Medical Society, of

Maryland, meets in Baltimore on October 21. A large meeting is expected.

We regret that an error was made in the last issue of the Medical Century in appending the name of Dr. George Royal, of Des Moines, to the article on Strychnia phosphorica, which appeared therein. The writer was Dr. Malcolm A. Royal. We can only excuse ourselves by saying that the article was a Royal good one and let the father and son have it out between themselves. We are too far away to get hurt.

Dr. Edward Harper, of New Orleans, is showing much enthusiasm and energy preparing for the meeting of the Southern Homœopathic Association, which is to be held in the Crescent City in February, at the time of the Mardi-Gras festival. This meeting should have a large attendance from the North. There is nothing that will help on the cause of Homœopathy in the South so much as a rousing meeting of this society.

Dr. Spencer D. Hinman, of Grand Rapids, Mich., attended the meeting of the New York State Homœopathic Society, at Elmira, and the smoker of the New York Alumn Association, of which he is a member.

Dr. W. H. Van Den Burg has returned to New York after his vacation. Office at 30 West 48th St.

Dr. Albert E. Hinsdale, of Pontiac, Michigan, son of Dr. W. B. Hinsdale, dean af the Homœopathic Department of the University of Michigan, has accepted the chair of Chemistry in the New York Homœopathic Medical College and Flower Hospital, and enters upon his duties at once. Dr. Hinsdale comes from a long line of noted educators and we believe that he will be a valuable addition to the New York faculty.

Dr. M. E. Daniel, of Honey Grove, Texas, has been elected secretary of the Texas State Board of Examiners. Dr. Daniel is a progressive eclectic physician and one of the Medical Century's life long friends.

Dr. Lewis P. Crutcher, of Kansas City, chairman of the Bureau of Materia Medica, has his work well under way; several prominent Materia Medicists have promised him help.

The New York Homœopathic College and Flower Hospital was well represented at the semi-annual meeting of the State Homœopathic Association, at Elmira. Nearly every department was represented.

There is a good prospect that the Cleveland Homœopathic College will acquire extended facilities in the Huron Street Hospital. This is much to be desired and we believe that both the College and Hospital will be greatly benefitted by a closer union.

Dr. B. F. Bailey attended the Tuberculosis Congress held in Washington recently.

From reports received thus far there is an increased matriculation in all of our homœopathic colleges over last year.

Dr. J. B. Garrison has returned to work after his sojourn at Walters Park, Pa.

The Southern Tier Homœopathic Society entertained the State Society of New York with a visit to the picturesque Watkin's Glen, and a most excellent dinner at the hotel in Watkin's. About a hundred were in the party, which was most enjoyable in every way.

Dr. J. H. McClelland, of Pittsburg, returned from Europe refreshed and full of enthusiasm for the work of propagandism in Homœopathy in England and that proposed in this country, as well.

Drs. Custis, King and Swampsted, of Washington, have returned after their summer vacations and will hereafter be found at their stands.

Dr. C. E. Fisher is spending some time at the home of his son in Excelsior, Minnesota.

The Northeastern Ohio Society, which is one of our strong homœopathic local societies, meets this month, about the 20th, we believe, in Cleveland, Ohio. Dr. William M. Blaine, of Youngstown, is president, and a fine programme is promised.

Why is it that the most prominent members of our State societies only appear for a day, or part of a day, at the meetings? It would seem to us that these are the men who should put in a full attendance at the entire meeting, be it one, two, or three days in length. These are the men that the rank and file of the profession come to see and hear; these are the men that the rank and file want their papers discussed by, and their presence throughout the meetings would add much interest and secure a revival of any enthusiasm which tends to be on the wane. To come to a meeting, read a paper and skip out on the next train is not doing good duty to the society.

A meeting of the American Association of Orificial Surgeons was held in Chicago on September 23 and 24, in connection with Prof. Pratt's Clinic.

Dr. Howard F. Schell and Miss Hazel May Lishawa were married in Hartwell, Ohio, on September 9th. They will make their home in Walnut Hills, Cincinnati. The Medical Century extends felicitations.

The Toledo Homœopathic Club held its preliminary meeting on Wednesday evening, September 9. Dr. M. H. Parmelee is president.

ST. LOUIS NOTES.

BY SCOTT PARSONS, M. D., ST. LOUIS, MO.

Dr. G. A. Polisch, of Frohne, Mo., visited the city recently and tells a story of prosperity. Homœopathy is flourishing in southwest Missouri.

Drs. N. J. Burleigh and Scott Parsons have returned to the city after a month's outing in the wilds of northern Wisconsin. Hunting and fishing were the chief attractions.

Dr. F. W. Grundmann has recovered from a severe infection of the hand, received during operation.

Dr. A. H. Schott, after a slight illness, has again resumed business.

The Homœopathic Medical College of Missouri opens its fifty-first session on September 28th. The faculty remains the same as last year. A large class is predicted for 1908-9.

Dr. Eugene C. Graver, assistant surgeon to the St. Louis Children's Free Hospital, died July 24th, of septicæmia. Dr. Graver had been in poor health for some time, but was too interested in his work to take the much needed rest, his friends advised. He contracted streptococci infection of the tonsils, which partook of a phagedenic character and he succumbed ten days later in spite of the most vigorous measures instituted in his behalf. Dr. Graver was one of our promising young men, and, though but a short time in practice, had gained the admiration and respect of the entire profession. His position will not be easily filled.

Dr. W. J. Harris has divided his time this summer between his practice in St. Louis and his beautiful farm in St. Louis county.

The St. Louis Children's Free Hospital is a beneficiary to the extent of $10,000 in the will of the late Wm. Barr, of New York Mr. Barr at one time was a resident of St. Louis and became interested in the work of this institution. Before his death he contributed generously to its support.

We are grieved to hear of the sudden death of Mrs. Uhlemeyer, wife of Dr. H. A. Uhlemeyer, secretary of the St. Louis Homœopathic Medical Society, and our enterprising North St. Louis Representative. Her death is a shock to us all, and our sympathies are extended to the doctor in his bereavement.

Dr. T. G. Comstock recently was the recipient of a "postal shower" in honor of his "unknown" birthday. (The doctor is reticent regarding his age, and no one seems to know exactly what it is.) Anyway, he received some 2,000 postal cards, coming from all parts of the world. To say the doctor was pleased does not describe it; he was overwhelmed.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER KANSAS CITY, MO.

The Kansas City Hahnemann College began its 1908-'09 term on September 8th, with an enlarged student enrollment and a strengthened faculty. It is the intention of the management to get into a new, modern college building before the holidays.

The meeting of the American Institute in Kansas City in the early summer has resulted in an awakening of the local profession, and the indications are that the further away the meeting fades, the greater is the awakening on the part of some of the local contingent. Not a few have aroused with a meaningless yawn, while others have emitted a scream. The meeting of the Executive Committee at the Coates House in August had a sedative effect upon some who had not slept well since the meeting in June.

Word was received in Kansas City during the first week of September announcing the death of Dr. Lloyd G. Van Scoyoc, at his home in Los Angeles. Dr. Van Scoyoc was in active practice in Kansas City for many years, making a specialty of orificial surgery. He was at one time president of the Kansas City College and also president of the Missouri Institute of Homœopathy. About three years ago he went to California, because of the salubrious climate of that State.

Dr. J. M. Patterson, his wife and son, Joseph, Jr., spent the month of August in Yellowstone Park. Dr. Patterson is already busy with the duties of his new office, that of president of the O. et O. Society.

Dr. A. C. Leonard, formerly of Lexington, Kentucky, is a recent acquisition to the Kansas City profession. Dr. Leonard contemplates doing a general practice, and to know him is to predict merited success. He will office in the Argyle Building.

Dr. Frank Elliott has recently passed through a serious illness, but is now at his post of duty, enjoying his old-time vigor.

Immediately following the meeting of the Institute in June, the Kansas City correspondent of the Medical Century, with a party of congenial friends, floated down White river, in the Ozark Mountains, for a distance of two hundred and fifty miles. The trip was made in open boats and there was no intrusion of civilization, sick people or mosquitoes.

The profession of the entire State was shocked during July by the sudden and mysterious death of Dr. L. E. Whitney, of Carthage. Dr. Whitney was aggressive always, in the interest of Homœopathy, and at the time of his death, was working energetically toward the propagandism of Homœopathy in this State.

He was president of the Missouri Institute in 1903, and was city physician of Carthage, where death came his way. Though a hard fighter, he was possessed of a winsome personality.

Dr. Luella Z. Rummel has returned to her practice after a prolonged absence in Ohio, at the bedside of a sister, whose illness proved fatal.

Dr. Rummel is on the chair of Materia Medica in the Kansas City College and is not only a thorough teacher, but a fine single-remedy prescriber as well.

The State Board of Health of Missouri has distinguished itself in some recent decision in the matter of requirements for prospective practitioners.

If one can recite the Greek alphabet backwards without choking or batting an eye—or if he can give the exact location of the butt-end of the aurora-borealis,—"or its equivalent,"—or if he isn't suspected of having too much old-fashioned, common sense, he may be permitted to take an examination that has more to do with the function of the Recaptaculumchyli or the number of red corpuscles in the spleen on Thursday morning, than with care and treatment of measles or the reduction of a fractured clavicle.

OBITUARY.

Dr. Wesley Peters.

Hahnemann Medical College and Hospital of Chicago, 1885; died at his home in Lancaster, Ohio, August 12, from intestinal disease, after an illness of one week, aged 51.

Dr. John Haydock Shotwell.

New York Homœopathic Medical College and Hospital, New York City, 1877; died at his home in Belmar, N. J., August 4, aged 80.

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Surgery.

RARÆ AVÆ IN EMERGENCY SURGERY.

BY C. E. FISHER, M. D., CHICAGO.

The chief thought in the recital of the cases to follow is to bring before the Association a class of surgery rather rare in the general field and in private surgical work.

For four and a-half years the writer has been engaged in the realm of emergency surgery, among men of all nationalities, who have been employed in building railroads in the mountainous districts of Maryland, Virginia, West Virginia and North Carolina. Three lines have been constructed, one of forty miles in Maryland, including five tunnels and twenty steel bridges, the next in Virginia and West Virginia, of one hundred and ten miles, with sixteen tunnels, the third in North Carolina, over the Blue Ridge, necessitating sixteen tunnels in eighteen miles of road.

As might naturally be expected, this is dangerous work. During the period named several hundred car loads of dynamite and black powder have been used. In a single shot in Maryland above seventy thousand pounds of powder were employed in one blast.

At no time during the four and a-half years have we had less than a thousand men at work, while for long periods of time together there have been as many as six thousand. In all more than twenty thousand men have been entitled to the privileges of the service over which I have presided.

In order to properly take care of this vast army of laborers and associated superiors it has been my duty to develop and maintain a hospital system in the field which would bring them succor in their times of need, and at the same time afford somewhat of protection to the company whose chief surgeon I have been, relieving them as much as possible of the moral and financial responsibilities which grow out of injuries received by their workmen while in their employ.

In Maryland, our first work, we had a forty bed hospital, two line physicians and two trained nurses, the first ever employed in the field of construction work.

In Virginia, for the work in that State and West Virginia, we had a seventy-two bed hospital, a corps of eight line physicians and eight nurses.

In North Carolina we established a thirty bed hospital, had three line physicians and a corps of four nurses.

For nearly a year the Virginia and North Carolina hospitals were operated at the same time, two hundred miles apart.

In the three hospitals we have had, respectively, 263, 501 and 147 patients, in all 911.

With this prelude the illustrative cases will impart an idea of the surgery of this class of service.

Compound Comminuted Fracture of Femur.

Patsy ———, Italian, boy of 17 years, was watching a blast when a large stone therefrom struck him with great violence on the outer aspect of the left leg above the knee, breaking the femur at that point into fragments and severely wounding the soft parts. This lad was hurt before our hospital was established and was attended by a local physician in an abandoned blacksmith shack, where I found him.

He was apparently hopelessly septicæmic, with temperature of 104½, pulse 130, great emaciation, diarrhœa and delirium. He was immediately taken to the Western Maryland Hospital, at Cumberland, a distance of forty miles, his thigh was freely laid open under anæsthesia and several bits of bone and stone were removed, through-and-through drainage, both above and beneath the femur, was established, Hepar sulphur was given every two hours, a generous diet was prescribed, and the case improved slowly.

At the end of a month he was removed to our hospital, which had been made temporarily ready for patients. Pus had burrowed along the sheaths of all the long muscles of the leg and various metastatic abscesses had formed. The thigh had to be generally laid open again, more fragments were removed, even better drainage than before was instituted, daily antiseptic flushings were practiced, the remedy was changed to Arsenicum and later to Silicia, and after a tedious siege the boy made a fine recovery with a useful leg.

Violent Crushing of Leg Bones and Extensive Scalp Injuries.

Tom McC——, American, aged 21 years. Injured before day by a tunnel plumb post, 12″x12″ x17 feet, falling and striking him a glancing blow on the head, almost scalping him, and then falling upon his right leg just below the knee, crushing both bones into egg-shell fragments. The shock was violent, the hæmorrhage from both scalp and leg was excessive. The patient was severely exsanguinated and utterly collapsed upon arrival

at the hospital at dawn. Thirty stitches were required to repair the scalp and make a satisfactory covering for the calvarium, which had been almost completely bared. The leg was so badly crushed that had the patient been able to stand the operation it would have been amputated. But for this the procedure was deferred, and, meanwhile, it was decided to try to save the leg, the confession being made that the company's interests helped to decide the question.

A posterior splint was made, hollowed out to fit the calf and thigh, with hinges beneath the knee, a boot-jack "U' was hollowed out at the heel, and a foot-piece was attached to the prongs of the "U," the wound was most carefully cleansed, the hæmorrhage was checked by compression, the leg was dressed in hot bichloride, and the splint, extending to the gluteal fold, was securely applied. The dressings were so adjusted over the wound-area that the antiseptics could be applied as desired.

Very much the same conditions followed with this patient as with the Italian boy. Infection ensued, doubtless from the dirty clothing the man wore, his dirty body—railroad workmen do not often entrust themselves in water—and the first aid administered by his fellow-workmen. Twice he had to be anæsthetized and free incisions along the thigh muscles had to be made and through-and-through gauze and tubing drainage had to be practiced.

Several large pieces of tibia were thrown off and removed by knife and forceps during the hospital life of the patient, but in spite of the most adverse prognosis as to his leg, by several surgeons in consultation, he eventually made a good recovery and got a useful limb.

The extensive scalp wounds did well, but a lachrymal abscess formed and had to be curetted and drained, while slight ptosis followed the blow by the tunnel timber upon the left supra-orbital nerve.

Dangerous Stab-Wounds of Abdomen, Axilla and Hand.

Tony ———, Greek, aged 26. In an altercation with a fellow-workman over thirty-five cents spent for beer, and while the beverage was still effervescing within them, this man was stabbed with a stiletto three times, the first time very close to and extending into the axilla, a five-inch incision severing the pectoral muscles and several blood-vessels, the second time the knife penetrating the abdomen close to the median line just below the stomach, the third wound severing all the flexors of the left hand and wounding the palmar arch.

I found the man on the tow-path of the Chesapeake and Ohio Canal, in the bushes, wholly unconscious. He had struggled with his assailant and had been thrown in the canal, but had managed to drag himself out of it and across the mule path and into the bushes. He had bled profusely from all three wounds and was still bleeding. His hand was tightly bandaged with a handkerchief, his right arm was drawn across his breast and tightly bound in place, and a binder from my emergency bag was bound around the abdomen over a hernia as large a child's head, the man was lifted into my motor boat and he was sped to the hospital, more than a mile away. There he was lifted upon a shutter door of a canal boat and by several comrades was carried up the hill to the hospital, far more dead than alive.

By the light of the coal oil lamps, held by two young contractors, and assisted by two nurses I proceeded to do the surgery the case required.

First, the protruding colon, omentum and duodenum were thoroughly soused with gallons of hot saline solution and were enveloped in hot blankets while the tedious work of removing the grit, grime and gravel from them incident to his dragging himself out of the canal, over its gravel bank and across the hard tow-path, was being done. Next the abdomen was flushed with gallons of hot saline solution to flush it of its dirt, clots and canal water. Such abrasions and rents of the intestines and omentum as were found, and there were several, were repaired, the protruding mass was returned to the cavity with difficulty, and the peritoneum, fascia, muscles and integument were sutured separately.

The auxillary wound had penetrated deeply and several branches had to be ligated. Deep drainage was established in this wound and both deep and superficial sutures were applied.

For the hand, the severed tendons were looped, each by itself, and the bleeding points were ligated. No little difficulty was encountered in checking the bleeding here, and also in apposing and uniting the severed ends of the flexors. The wound was closed with silk-worm gut and a splint was applied.

The work was done on this man more to satisfy his comrades and to try to save another man from the gallows than because we had any substantial hope of success with him. It is gratifying, therefore, to be able to record that he made an unusually satisfactory recovery. At no time did his temperature rise above 100, he was able to sit up in bed on the seventh day, was on the porch in a rocker on the tenth day, and was discharged from the hospital on the seventeenth. A rather remarkable part of it is that he got a thoroughly useful hand, with almost as perfect flexion as before.

Extensive Railroad Injuries.

Mr. J. L. M——, American, 35 years old, stationary engineer, while walking through a tunnel at one o'clock at night was run down by a dark locomotive. His left hand was ground to shreds, necessitating amputation at the wrist, his nose was split throughout its entire length, several slight face and scalp wounds required to be sutured, and his right thigh was broken in two places.

The shock was profound, the prognosis fatal.

After amputating his hand his other wounds received attention and the thigh was set in Buck's extension, with lateral and posterior grooved supporting small splints to sustain the triple fragmented femur in line in so far as possible.

Beginning with twelve pounds, the weight was carried to twenty-six. The patient suffered violently from a desperate restlessness following his

shock, and presented also a well-marked case of tobacco tremens. It was very difficult to keep him in bed and keep his leg still, and to add to this difficulty he had at times a troublesome diarrhœa, whose annoyance and influence on the result may be easily understood.

A very unsatisfactory repair was secured. The leg was three inches short and the foot was inverted. Our pleadings, explanations and scoldings had been in vain. He had shifted position and had writhed and twisted and moved about almost unceasingly and ad libitum. Examination of the emaciated thigh at the site of the fractures revealed a four-inch fragment lying diagonally across the axis of the femur, its lower end overlapping the lower segment of the bone and its upper end underlying the upper segment.

The patient was advised to submit to the removal of this angular fragment, and consented, for which I was rejoiced, visions of possible trouble resting heavily upon my mind.

The patient did badly under the anæsthetic and came near slipping us, necessitating haste in the procedure. A free incision on the upper aspect of the thigh exposed the irregularly placed fragment, and by means of chisel and hammer and bone forceps and metacarpal saw it was excised. The upper and lower segments of the femur were then apposed and holes were drilled in them for a Schede staple, which was driven home with considerable force. Posterior and lateral splints were again applied and extension was practiced as before. Another siege with a restless, tossing, impatient patient was entered upon with misgivings, but at the end of six weeks he was found to have a sound leg.

Within sixty days I have had a letter from this patient, after two years, applying for a position at his old work, stating that he walks without crutch or cane and is able to do a man's full work, minus the left hand. On the stump of the arm he uses a hook and manages to do a good deal of work with it also.

The lesson in this case, it seems to me, is to compound thigh fractures. I have not been able to get results by extension that have been satisfactory, nor have I known any one who has. I am trying to get up the courage to operate upon all such cases and staple the broken bone in proper position, so that it may serve as its own resistance to the contractions of the large thigh muscles.

Compound Comminuted Fractures of the Lower Leg.

Mr. M. J. D——, American, aged 36 years, walking foreman, in an altercation with a subordinate, was attacked with a pick, and to protect himself, grasped its blade, being jerked down the grade among the rocks, the result being that both bones of the left leg were broken at its lower third and with such force that they protruded clear through all his clothing and were driven down into the dirt. With them still projecting through his drawers and trousers he was brought to the hospital in severe shock.

As the primary dressings were removed the foot was found to be dangling and the entire wound was filled with grit and gravel. Amputation seemed the only recourse, but encouraged by results in other cases, and restrained by the man's condition and my desire to avoid amputation for the company's interests, I decided to defer it as a last resort. Under anæsthesia the wound was cleansed and several ragged bits of bone were taken away, one as large as the ball of the thumb. Forcible extension and manipulation had to be practiced to bring the foot and leg in line and fit the serrated ends of the tibia to each other.

Holes were drilled in the bones half an inch from the point of fracture and a staple was adjusted. Posterior and lateral grooved splints were applied and the wound was dressed open. In the primary work the periosteum, which had been gloved back from the tibia and badly shredded, was sutured and apposed as snugly as possible.

This case was complicated by a severe secondary osseous hæmorrhage, which left the patient more dead than alive, and an embolic pneumonia followed, so badly endangering his life that three consultants viewed the case as hopeless. Notwithstanding the seriousness of the injury and the violence of the complications the patient eventually recovered, and when seen a month ago, at Roanoke, was walking without a cane and with the exception of an ugly cicatrix and a slight deflection from a perfect axis has as good a leg as anybody.

Fracture of Leg at Site of Former Break.

A. W. L——, American, aged 26 years, nephew and trusted man of one of our heaviest sub-contractors, was struck by an incoming passenger train, hurled about fifteen feet with great force—badly bruised generally, his left leg broken at the lower third at the site of a previous fracture. He had been out of the Memorial Hospital at Richmond but a few weeks when his second accident occurred. Ligamentous union had been the result in his first injury and a subsequent compounding and wiring of the bone had been necessitated, with a hospital life of fifteen weeks, the wire still in situ.

With that history the case looked unpromising as to results. The leg was set, encased in plaster at once, and was allowed to remain undisturbed for three weeks. The cast was then split for inspection, but was closed with a many-tailed bandage and allowed to remain for two weeks longer, when it was removed, the result being perfect, a rare result in a subject of previous fibrous union with the wire still in place and at the site of the fracture.

Fracture-Dislocation of the Spine.

Tom G——, Irishman, 52 years of age, an old offender, was caught between two dump cars loaded with stone as they went down with a trestle, and was doubled up between them like a jack-knife. He was brought fifteen miles in excessively profound shock, his back broken, extensive contusions over his entire body, and paralyzed from waist down.

The prognosis was fatal and he accepted laminectomy as a dernier and forlorn hope. It

was performed eighteen hours after the accident. The processes of the 11th and 12th dorsal and the 1st lumbar vertebræ were removed, not without a great deal of difficulty, in part because of the advanced age of the patient, and the canal was laid open. The cord at this point was found badly contused and lacerated, with considerable hæmorrhage within the membranes. This was removed, the compression was overcome by the excision of the fragments of the broken processes and such parts of the bodies of the vertebræ as could be reached after the cord was lifted from its bed were chiseled away. The bodies of the three vertebra which were injured were badly fragmented and the anterior aspect of the cord was likewise badly contused.

The condition of the patient was that of extremis, and as enough had been seen to learn that further procedures were useless the field was cleansed and dressed as an open wound. Death occurred on the fourteenth day from exhaustion.

Post-mortem showed that the operation was not complete, that the laceration of the cord and the hæmorrhage within its membrane extended to the 10th dorsal vertebræ. But it also showed that no operation would have been helpful and that none was justified.

General Blast-Comminution of the Tibia.

George A——, Austrian, aged 21 years, received a general shake-up in a blast which killed his comrade and wounded a third man, the accident caused by the premature discharge of a stick and a-half of dynamite which they were tamping into a hole in rock which they had just drilled. This man's scrotum was shot almost into shreds and was partly filled with dirt and gravel, his foreskin was lacerated and his penis peppered generally, but his worst injury consisted of a general comminution of the left tibia.

The tibia and fibula were splintered into slivers from the fracture-point at the lower third to just below the tuberosities. The soft tissues were ribboned and the fleshy muscles of the calf had served as a receptacle for large quantities of gravel and dirt. The lower leg was so crushed and splintered that it was more like a pulpy mass than a human member, decidedly the most unpromising prospect for a leg that I have ever seen. Two consultants, Drs. Fuqua and Johnson, agreed with me that amputation was the only proper measure. But once more the restraining element of the company's possible interests cast its influence along with the desire to save the patient a peg-leg, if possible.

Laying the shredded soft tissues along the tibial crest open for full nine inches, they were skinned back on both sides until the shaft was exposed throughout almost its entire length. Only a bundle of bony lath remained. Numbers of small spiculæ were removed and the generally torn soft parts were liberally trimmed. Several small vessels were ligated, but, fortunately, the essential ones were intact. Innumerable small stones and gravel and bits of dirt were dug out of the muscles, some from the bony tissues and from between slivered fragments.

Securing as clean a field as possible the longest slivers and largest pieces of the shaft were brought into apposition and secured at the upper end by being encircled with a loop of silver wire, much as a bundle of lath would be tied together. Two inches lower down a hole was drilled through three large irregular pieces of the tibia and a wire was run through and twisted tightly. Two inches further along another hole was drilled through three fragments and a steel nail was driven through diagonally. Below this another encircling wire was used to draw several widely separated splinters together, and at the junction of the middle and lower thirds of the tibia, where a transverse break had occurred, the usual drill holes were made and a staple was driven home.

It seemed incredible that there should be thought to be a chance for this man's leg. The tibia had been repaired in five different places with wire and steel. The calf was a bruised pulp. The fibula was broken in two places. There was no connected osseous canal, so violently had the tibia been fragmented. But the leg looked far more promising when the operation had been finished than before, and it was supported by my favorite three-joint, grooved, wooden-trough splint, after having been dressed in hot bichloride, and the result was awaited in the full expectation that amputation would have to come.

Remarkable as it may seem, we were doomed to an agreeable disappointment. The man made an excellent recovery. Some infection occurred in the leg, and one large and three small slivers of the repaired tibia were thrown off. Numerous abscesses formed on the superficial aspect of the calf, and through-and-through drainage for deep pus had to be established. Several times amputation was looked upon as very probable, but it was avoided and the patient was able to walk away from the hospital with the aid of a cane at the end of the eleventh week. His leg was somewhat bowed and as a thing of beauty would not have taken a prize. But it was a useful leg, able to bear his weight, and, as he was yet a young man, I could but hope and believe that it would eventualy become quite as strong as the other.

The scrotal injuries gave us considerable concern at one time, a general peritonitis threatening. The proper internal medication, together with the best antiseptic measures of which we were capable, averted this. Aconite, Belladonna and Gelsemium were given for febrile reactions, while Arsenicum, Hepar and Silicia did yeomen's service for the sepsis and in aiding in osseous repair.

Traumatic Destruction of the Kidney and Ureter.

Mr. A. G——, American, aged 37 years, was brought to the hospital at midnight one Saturday night more dead than alive, his wife and children accompanying him, expecting him to die any moment. He was in profound shock from a heavy stone having fallen upon him from a passing mucking car as he was at work in the cut below at the side of

his steamshovel. The stone weighed above a hundred pounds, grazed his head and shoulder as it fell, knocking him down and settling upon his abdomen, its force partly broken as it fell on him.

The accident had occurred at four in the afternoon. The man had been transported four miles over a very rough mountain road in a heavy wagon and had been brought fifty-two miles by rail. He was in severe collapse, was almost pulseless, had passed considerable blood in his urine, no reaction had set in in eight hours, and the prognosis was fatal. No particular effort was made to differentially diagnose the case, as the whole night was put in in trying to secure reaction. Again the homœopathic remedies did good service, and by noon on Sunday he was sufficiently improved for operative measures to be considered. But it was raining furiously, the telephone was out of service and I could get no assistance. Therefore, the case was tided over. By Monday morning the patient was so much improved that he and his wife objected to surgical procedures and the case was treated tentatively.

Improvement was steady and at the end of fourteen days the patient was furloughed with the injunction to return at once upon the slightest indications of pelvic or abdominal trouble. At the end of five days he returned, having noted that his urine was less and his abdomen distending. A well-marked tumor was found over the left renal region and immediate operation was advised.

Incision was made to the left of the median line, immediately over the tumor. The intestines and omentum were found to be generally adherent, no little difficulty being experienced in separating them from the mass, considerable bleeding following, as with all recent adhesions. The peritoneal coat of the colon was torn in one place and repaired. A greatly distended ureter and renal capsule bulged into the wound when the adhesions which bound it were broken up and two and a-half quarts of retained and bloody urine were aspirated. As the sac collapsed it was brought into the wound and held with "T" forceps, and later was incised and emptied. Its contents consisted of a degenerated kidney and a plentiful allowance of blood-clots. Several handfuls were gently dug out and flushed out with hot saline solution and the capsule was carefully stitched to the lips of the abdominal wound. Drainage in the capsule by tube and gauze was instituted and the wound closed in part only.

For the first few days the dressings were considerably contaminated by kidney pulp with a decided urine-odor, but at the end of a week became sweet and clean and the drainage was gradually discontinued. During the convalescence a fecal fistula resulted where the colon had been bruised in separating it, but the fistula was taken care of by nature without operation and the man made a fine recovery.

Four months later the patient resumed light labor and was in the enjoyment of a fair state of health and was gaining flesh and strength steadily.

What might have been done had primary operation been consented to is conjectural. The ureter had been obliterated and the kidney irrevocably contused by the injury and it is my conviction that the patient chose wisely and well when he declined interference.

In this case nephrotomy was chosen over nephrectomy because of the extent of the capsular adhesions. And I am led to believe that as in many cases of renal surgery there are extensive adhesions, it may be better in such cases to scoop out the kidney substance and leave the shell. I have known several fatal operations in which severe hæmorrhage and violent shock followed in prolonged procedures which contemplated the removal of the capsulated organ in which nephrotomy would have been the safer and just as effective a procedure.

Extensive Fracture of Skull from Assault.

Abel White, negro, aged about twenty, was slugged for his wages on Saturday night. That is, he was missed shortly after being paid that evening, and was seen an hour later in questionable company. The next Saturday morning, just a week later, he was found in a deep gulch, unconscious, fly blown, and his nose, axillæ and groins were filled with maggots. He was totally unconscious and was brought twenty miles to the hospital. His general state was such that he was deemed an inoperable case and died the next morning. The skull was fractured from the left temple to just below and behind the right ear, the most extensive fracture of the calvarium I have ever seen. The case is recited as one of interest, as the boy had lived a full week in an unconscious state in a doubled-up position in a narrow gulch, without food or water and blown with flies and maggots.

Fracture Dislocation of the Spine.

John B——, Hungarian, aged twenty, a fine fellow, was hurt by a tree which had been dislodged by a dynamite blast falling upon him and several others while at work in a railroad cut. He received primary attention for a large scalp wound by a local physician out in West Virginia, but the back injury was overlooked. He laid in his bunk in a shack for a week, until the urinary overflow made his condition intolerable, when he was brought five miles in a wagon over rough roads and fifty miles to the hospital by rail.

For a time we took care of him, but because overflowed with patients and short of nurses I took this lad to Washington, and put him in the National Homœopathic Hospital. Paralysis from the waist down had been present all the time, and pressure and innutrition bed-sores had resulted before he left his shack. He was a great care, but, as patient and grateful a patient as we have ever had. So deeply were our sympathies aroused that our company was induced to send the young man home, to a little interior town in Hungary, beyond Buda-Pesth my son accompanying him and taking him to his mother and father. He died fifteen months later.

The length of time this young man survived his

injury leads to the conclusion that had the local physicians who had him first discovered the spinal fracture and brought him to the hospital promptly, his might have been an operable case in which laminectomy might have been of some avail.

In passing, it is the only instance of which knowledge is had where a construction company employing thousands of foreigners per annum has been considerate enough to send one of these injured workmen to his European home.

Streptococcus Infection of Hand and Arm.

Dr. R. M. C——, American, assistant surgeon to one of the trunk lines of railroad of Virginia, suffered a severe infection of his left hand from dressing a brakeman's suppurating wound, and in some way introducing the poison. Was found at a hotel, in unsatisfactory surroundings, in charge of Dr. W. B. Fuqua, and was taken to Valley View Hospital. The dorsum had already been freely incised, but the infection had extended to the forearm, the temperature was 103.2, numerous red streaks extended to the axilla, and the general hebetude of the patient and the rapid invasion of the toxæmia gave the case a doubtful outlook, the patient being well up in the fifties.

Under anæsthesia the dorsum of the hand was freely curetted, free incisions were made on the dorsum of the arm near the elbow, long dressing forceps were passed between the two wounds and arm drainage was established. Large sloughs were removed from both hand and forearm and the integument of the entire carpal dorsum broke down. The wounds were treated antiseptically and with thorough irrigation twice daily, the patient was put upon internal homœopathic medication; although an old school physician, one of those kind-hearted and broad-minded men who accept good wherever they find it, and despite his age, a very virulent injection already far advanced, and a constitution enfeebled by viscissitudes and hard work for many years, the doctor made a good recovery.

Among his other accomplishments, he was a fine pianist and was deeply concerned lest his hand be useless for his music. But by a most persistent manipulation of the fingers, hand and wrist over several months, he secured so satisfactory a result that his hand was not in the slightest impaired.

Gunshot Wound of the Liver.

Kyle S——, American, aged 22 years, steam-shovel fireman, in an altercation with an engineer, while both were somewhat under the influence of liquor, was shot in the right hypochondrium on Sunday night. The next morning he was taken to a local surgeon of some repute at Christiansburg, Virginia, and an operation was attempted in the surgeon's office. Upon opening the abdominal wall it was found that the peritoneum had been entered and that a large blood-clot lay immediately beneath it and the operation was abandoned. It was then too late to get the man to the hospital before dark, but he was brought over, thirteen miles, at seven o'clock.

Operation was done at nine. Upon opening the peritoneum a clot of the size of the doubled fist was evacuated and a gush of fresh blood from the under surface of the liver occurred. Raising that organ there was discovered a deep track diagonally across its floor, puncturing it in places and grooving a trough in others, from which the blood flooded as the trough was put upon the stretch. Extensive, very hot saline flushing was done, both to free the abdomen of further clots and to check the bleeding, if possible, and four sterile towels were packed beneath the liver as firmly as was possible. The condition was critical. The pulse was feeble and very fast, the skin was bathed in cold perspiration, and the expression was hippocratic. The length of time that had elapsed from the time of the shooting, twenty-six hours, and the previous attempt at operation, with a half dozen workmen as helpers, and curious witnesses, did not add to the chances for a good result.

Nevertheless, the patient got well. For four days he hung in the balance, when a turn for the better came and his recovery was steady from that time. He sufficiently regained his health to return to his home in the country and to work within a month, and to take an active part in the prosecution of his assailant a short while later.

Crushing Injury of the Forehead.

Rocko M——, Italian, aged 23, was struck by a wire cable which had slipped its coil as an engine was being steadied by it down a grade, the end of the cable whacking him a violent blow across the left eyebrow and left side of the forehead, a glancing blow, fortunately, but sufficiently violent to knock him senseless and crush the supra-orbital ridge into fragments. He was brought fifty miles by rail, wholly unconscious, arriving after night.

Examination showed the entire ridge fractured and loose, and both frontal and parietal plates crushed for some little distance from the brow. The wound made by the cable was enlarged and generally trimmed, and the loose bits of skull were removed with the fingers. Considerable force was required to dislodge the ridge and roof of the orbit, both of which are exhibited, and edge of the former having been driven upward beneath the frontal base. Very careful dissection was necessary to detach the fragment without injuring the eye or the optic nerve, but with care this was accomplished, the torn dura was repaired, the soft parts generally were trimmed up and the case was dressed with drainage.

It was a week before this patient fully regained consciousness and almost a month before his mental condition was satisfactory. His temperature rose on the second day to 103½, remained there quite steadily for a time, then rose to 105, and a doubtful prognosis was given. Under proper drainage and irrigation, and by the use of the homœopathic similimum, he recovered, and at the end of six weeks went back to camp and to work.

Frightful Carnage by Dynamite and Powder.

On June 12th, 1906, there occurred on the work of one of the sub-contractors on the Tidewater

Railway in Virginia, a deplorable, premature explosion of dynamite and black powder, involving thirteen Roumanians. They were at work with picks and shovels in a deep rock cut when some unexploded holes went off unexpectedly, blowing them high in the air and four of them into eternity. The remaining nine, frightfully mangled, were gathered up on mattresses and comforters and brought to the hospital on the floor of the bgagage car of the train, arriving at noon, having been transported two miles by wagon and eighteen miles by rail.

Two of the nine were dead upon arrival. The other seven were placed in our ambulance and in express wagons and taken to the hospital. There they were lined on the floor around a large bow window in the largest ward and an operating room was improvised to suit the unusual necessities. Drs. Fuqua and Johnson, of East Radford, were called to my assistance, and Dr. Irene Bullard, who is also a graduated nurse, was pressed into service. At that time our corps consisted of but two nurses and one junior and one of the nureses was out of town for the day.

Three of the seven cases seem deserving of special description in this connection:

Severe Laceration of the Back.

John Papa, aged 28 years, strong and muscular. Suffered a general peppering with small stones and gravel from heels to head. His calves, thighs and back were lacerated in scores of places and we were days in picking all the stones and gravel out of him. His occipital scalp also received numerous small lacerations. But his chief injury was caused by a stone three and three-fourths inches long, two and a quarter inches wide and a half inch thick, which ploughed a sub-integumentary furrow through the deep muscles of the back, from below the crest of the ilium, where it entered, to just beneath the shoulder blade, where it was tightly wedged between the scapula and the ribs, grazing the right kidney in its course, and frightfully lacerating the muscular structures.

It was with difficulty that this stone, herewith exhibited, could be dislodged from its bed beneath the scapula, by means of heavy sequestrum forceps. The wound was thoroughly curetted, laid open at each end, drained by tubing and partly closed, but a generally gangrenous condition of the track setting in it was laid wide open throughout its length, curetted again and more freely than before, treated with crude Carbolic acid, and dressed for several days as an open wound. Later, when it had become healthy, it was curetted afresh and treated as a primary wound, with satisfactory results, the patient having been able to return to his camp and to work at the end of the fifth week.

Severe Abdominal Contusion.

Tudor Dusia, aged 52 years, received a violent blow from a flat stone directly over the epigastrium. It caused a general ecchymosis about eight inches in diameter and an abdominal hernia as large as a baby's head. His brother was one of the killed and his own shock was severe. Celiotomy revealed the muscles, fasciæ and peritoneum severely shredded and the omentum badly contused.

After cleansing the cavity of blood-clots and clamping various bleeding points, it took more than an hour to quilt first the omentum and then the peritoneum and abdominal muscles so as to make a pad and a firm wall to protect the intestine, itself somewhat bruised by the blow, after which the wound was closed with four separate layers of sutures, the integument closed with silk-worm gut.

Taking this man's age into account, and considering the character of his injury and the violence of his shock—the heart acted badly throughout—an unfavorable result was anticipated. But to our surprise and gratification he made a thoroughly good recovery. The central part of the integumentary field sloughed and sub-cutaneous drainage was required. But the abdominal wall held, and the patient was able to leave the hospital to resume work on the forty-ninth day, provided with a heavy abdominal binder to support the wall as a precautionary measure. He remained at work for several months and then returned to the "Old Country" in good health.

Compound Comminuted Skull Fracture.

This man, the last of this series, as also of this paper, Antonio Bentia by name, also a Romanian, rather slight in build and of more delicate mold than the others, was peppered from heels to head, several of his lacerations being deep and extensive, and also had five scalp lacerations besides his main injury.

Having walked from the car to the ambulance, having sat on the front seat with the driver on the trip to the hospital, having alighted without aid and having ascended the hospital steps without assistance, and subsequently having visited the toilet room and returned to the ward unaided, his case was not looked upon as one of the worst and he was left till almost the last.

Even then his more superficial injuries had received attention; his several recognized scalp wounds had been repaired, for which purpose the crown and vertex had been shaved, and he was being cleaned up to be put to bed when specks of brain tissue were seen among the longer hair on the back of his neck. Examination revealed a remarkable situation.

The under tufts of his occipital hair were plentifully gummed with blood and brain tissue. There was discovered a crescentic laceration of the occipital scalp, and upon lifting this there was exposed a frightful wound, with two long slivers of the occiput, herewith exhibited, driven almost beyond reach beneath the occipital plate, the dura lacerated and brain tissue exuding.

The man was turned upon his abdomen, the wound was cleansed, the hair shaved, and with sequestrum forceps an effort was made to extract the fragments. This being found to be impossible without further endangering the brain, the trephine was called into requisition. Upon beginning its use I asked the patient if it hurt him, his answer being,

"Not too much," whereupon I proceeded to trephine without anæsthesia. A buton of the bone removed, the fragment on that side was easily dislodged and taken away. Not so with the other fragment. It could not be budged. The trephine was again resorted to, on the other side of the wound, and again the patient was asked about it. Again his answer was, "Little bit sick, not too much," and I went ahead. As with the first trephining, the second released the fragment and it was removed by forceps.

The membranes were badly lacerated and in all fully two teaspoonfuls of brain tissue had escaped or was so badly damaged that it had to be curetted. The wound was most carefully cleansed, drainage was established, and the wound was partly closed with a drain tube in situ.

The patient did not seem to be very badly shocked. He had stood the procedure well, the trephine had been used as rapidly as possible, not alone on the patient's account, but because others were clamoring for attention and the aftenoon was well advanced, and he left the table in fair condition. A deep abscess formed, the temperature went as high as 106, for days it was not below 103, but the man reacted from it all upon the discovering of a deep cervical abscess, its evacuation and drainage, convalescence set in, was somewhat uncertain and slow at first, but he recovered so as to be able to leave the hospital on the forty-ninth day with his comrade of the abdominal injury, with him returning to work and eventually going back to Roumania in good heath.

It is recognized that several of the cases recited may seem more or less like surgical fairy tales. They are told not as personal experiences over which to perform personal unction, but to illustrate what has to be done at times in the emergency field of heavy construction work where thousands of men are employed handling dangerous explosives and doing dangerous work. They also serve to illustrate what may be secured by conservatism, conscientious effort and the proper homœopathic treatment.

In most of the unusual cases I was assisted by Drs. Fuqua and Johnson, of East Radford, in others by various members of my line corps, and in special instances by other consultants. To all of us some of the results were quite astonishing. From them the lesson has been learned to give every patient the very best chance possible for the saving of his every bread-and-butter making member. Particularly, also, has it been impressed upon my mind, as never before, even, that in the field of surgery the homœopathic similimum not only has a rightful place, but a place even more important, if that be possible, than was assigned it by our late and lamented Helmuth in his most ardent homœopathic days.

The Interstate Federation of Homœopathic Medical Societies of New York and Pennsylvania met at Scranton, Pa., on Thursday, October 9th.

THE IMPORTANCE OF CIRCUMCISION.

BY EVERETT E. LUSK, M. D., KEOTA, IA.

Probably the medical profession, certainly the laity, looks upon this little operation with a misconception of its far-reaching importance. For nearly four thousand years, or since the Hebrew patriarch, Abraham, who lived about B. C. 2,000, circumcision has been practiced as a religious rite by the Jews. It is not, however, the religious, but the hygienic and physiological importance of this operation to which the title of this paper would direct attention.

Let us briefly refresh our memory concerning the nervous anatomy of the penis and its analogue in the female, the clitoris. The nerve supply of these parts is derived from the lumbar sympathetic and sacral, most of the branches from the sympathetic being connected with cells in the sacral ganglia. It follows, therefore, that irritation of these organs continuously applied must come to exert an influence more or less profound, reflexly, upon both the sympathetic and spinal nervous systems. Receiving their innervation from these same centres are the bladder, the rectum and the uterus; in fact, the entire pelvic contents are connected with the ganglia from which the penis or clitoris receive their nerve supply. Given, then, a prepuce bound down by adhesions, or with a pin-hole opening, or redundant in tissue, thus favoring accumulation of smegma, or the retention of a few drops of urine to become decomposed and irritating, or a hooded clitoris, and trouble in greater or lesser degree, depending upon the temperament of the patient, is sure to appear. In some this will be manifested in constipation that grows more and more intractable; or in incontinence of urine; another shows lack of or improper physical development, which in some instances amounts to a state of malnutrition that becomes a matter of deep concern to parents and physicians. In other cases the evil effects are expended upon the nervous system, resulting in chorea, insomnia or restless sleep, over-development of the emotional nature, or moral degeneracy. The writer would not dare to estimate the number of boys and girls who have had their attention forcibly drawn to their sexual organs because of neglect of some of these conditions mentioned above, and have reaped a bitter harvest in consequence, but no doubt the number is large.

There is yet another reason why circumcision should be more generally done, namely, for prophylaxis against venereal disease. While in a sense circumcision for this reason might seem like pandering to vice, the fact remains that immoral men and women will ply their trade, and we, as true physicians, must recognize conditions as they exist and apply every possible means to prevent at least a part of the consequences of their sins. Did the particeps criminis alone suffer, perhaps we would be justified in withholding our advice and aid, but the thousands of innocent wives and helpless children who are the victims of unbridled passion, cry out to us for protection with an insistence that demands attention.

The writer does not offer circumcision as a sole

relief from the ravages of venereal diseases, but believes that it is worthy of more consideration than is now accorded it by the rank and file of the medical profession.

These are some of the reasons why the writer believes that the operation of circumcision, established as a religious rite by Abraham among the Jews 4,000 years ago, should be universally adopted, purely as a physiological and hygienic measure.

Practice of Medicine.

LEPROSY.

BY WALTER SANDS MILLS, A. B., M. D.

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During the past few months there have been a number of cases of leprosy in various parts of the country, cases that when discovered have caused dismay and consternation, not only among the people at large, but among health officials and members of the medical profession who ought to know better.

One case was that of the wife of the old retired army officer, who was shuttlecocked between Arizona and California. The old General refused to be separated from his sick wife and tried to get her over the Mexican border. He eventually died of pneumonia, the result of exposure. Who is taking care of the wife I do not know.

Another case is that of the man in Washington who applied for a pension on account of the Spanish war. He was found to be a leper and immediately consternation reigned.

Still another case was the unfortunate Syrian suffering from leprosy, who tried to get from West Virginia to New York in order that he might take a steamer for home.

He got as far as Philadelphia, but was prevented going any further by the health authorities of New Jersey, who refused to allow him to pass through that State. Then he was sent back to Baltimore and there kept in a box car because all neighboring communities refused either to receive him or even to let him pass through. He finally died alone and deserted.

Another was the Danish girl who was found with the disease in Massachusetts. As she was a comparatively new arrival, the Government decided to send her back to her native country. It was found necessary to charter a special boat and use the utmost secrecy in removing her to New York in order that she might be placed aboard a steamer.

All of these people were brutally treated, and unnecessarily so, for there was absolutely no danger to be incurred by the various communities or persons with whom they came in contact. Leprosy is not nearly so dangerous as tuberculosis to casual contact, and that is a disease that every one comes in contact with. In fact, it is a question whether leprosy is infectious at all or not.

Leprosy is one of the oldest of known diseases and has existed in the far East from remote antiquity. It is supposed to have originated in Egypt. During the crusades it spread throughout Europe. Since then it has been disappearing from there. At present it is found at certain places on all continents, and on many islands. It is usually found on or near the sea coast. It is endemic in the Scandinavian countries, in parts of Spain, Portugal, France, Italy, Greece and Russia. It also appears in certain portions of Asia, Africa and South America. It is found in the West Indies and in many islands of the Pacific, notably the Sandwich Islands. On this continent it is endemic in Mexico. In the United States cases are found among the Scandinavian settlers on the northwestern States, and a few cases are found in some of the larger cities. All of these, however, are imported. The only place in this country where leprosy seems to develop de novo is in Louisiana, about the mouth of the Mississippi and in the swamp regions of the Gulf coast.

The cause of leprosy is supposed to be a peculiar bacillus, known as the bacillus lepra, discovered by Hansen, of Bergen, in 1871. Its method of entrance and attack is unknown. The claim has recently been made that it is transmitted by certain insects. Jonathan Hutchinson, the greatest living dermatologist, believes that the disease is not transmissible from victim to victim, but that it is a disease induced by the eating of putrid fish. A few years ago Hutchinson visited many places where leprosy is indigenous, and, after careful investigation, reached this conclusion and gave it the weight of his great authority. A major part of the diet in all places where leprosy flourishes is fish. Hutchinson went so far as to claim that in places where the Roman Catholic church had been active converts who are forbidden to eat meat at stated times, and, who, therefore, consumed more fish than their neighbors, exhibited a larger proportion of lepers than the non-Catholics in the same communities, who ate less fish. Others believe that leprosy is infectious. That is, that it is under certain circumstances inoculable, but only through an abrasion of the skin or mucous membrane. Where the disease is endemic, that is, where new cases are constantly appearing in the native population, it must be remembered that the ways of living are similar and that each new case does not necessarily arise directly from some other case, but that all may arise from the same habits, diet or general environment. This also holds true of cases appearing in different members of the same family.

In a communication printed in the New York Times of August 23, 1908, Dr. Charles E. MacDonald, an army surgeon, who has served in the Philippines and seen many cases of leprosy, states his belief in the fish origin of the disease and in its non-contagiousness.

The only modern instance of spread of the disease was in the Sandwich Islands. Introduced in

1860, in a few years 5 per cent. of the population were affected. But this was among a people notorious for their loose morals and uncleanly habits. Moreover, their diet consisted largely of fish. The great spread of the disease throughout Europe in the middle ages also took place during a period of social and moral unrest. Since then it has steadily decreased, as already stated.

In some parts of the West Indies, where there are a good many cases, there may be, and often is, but one case in a household. As the disease progresses the victim is incapacitated for hard work, and so is delegated to household duties, to prepare meals, wash dishes, and so on. The other members of the household no not necessarily contract the disease. When they do, it is a question whether it is due to contact or due to the same habits and customs.

There has, up to the present time, been no authenticated case reported of a physician or a nurse in charge of lepers having contracted the disease in a non-leprous country. A few cases have appeared in persons native to non-leprous countries who have lived for a considerable time in a country where leprosy was prevalent. Some of these cases have developed years after the patient has returned to his native place. There are a few isolated cases of leprosy that have developed from unknown causes in non-leprous countries. There are numbers of cases of the disease in men who have married and whose wives or children have never developed it. There are known cases in women who have married and whose husbands or children have never developed it.

Hansen, the discoverer of the lepra bacillus, made a trip to the United States in order to trace the 160 known lepers who had come here and located in the northwest. No new cases had originated from these, neither had any descendants to the great-grandchildren ever shown any signs of leprosy.

The facts all point to the entire lack of danger in coming in contact with a leper in a non-leprous country. In New York city there are a number of cases constantly under treatment in the public dispensaries, and, probably, in the offices of the most prominent skin specialists. Leprosy victims who apply to the city for treatment are sent to the Metropolitan Hospital on Blackwell's Island. The writer had charge of them for two years. At present there are four patients in the lepers' pavilion. Four others have died during the past six years since the establishment of the colony. Of the eight, six were Chinamen, all in the laundry business; one was a Dane, who lived in the West Indies for twenty years; and one is a Pole.

The Dane was an illustration of the long period of incubation of the disease. He was a native of a non-leprous community, but spent twenty years in a community where leprosy is prevalent. He had been in New York City, a non-leprous community, five years before the disease exhibited any of its symptoms. Each of the Chinamen had also been here several years before being taken sick. Cases are reported where the disease has developed ten, twenty, even forty years after leaving a leprous country.

The only known source of leprosy is a long sojourn in a leprous country; even so, most of the inhabitants and of the visitors escape. Contact with other cases, or heredity, seem to have no special influence. This is the opinion of those best qualified to judge, of those of most experience in handling the disease. The danger of contagion in a non-leprous country is practically nil.

Leprosy is a constitutional disease, with local manifestations in the skin and mucous membranes. It presents a long period of incubation, sometimes many years. In its incipiency the patient suffers from malaise, a general indisposition to do things. After a time spots of discoloration appear on the skin. At first these are on a level with the surface of the body, and appear and disappear slowly. Later on there may be thickening of the affected skin as well. In extreme cases the disease proceeds to ulceration, the fingers and toes may drop off, or the eyesight may be lost, and the nose and throat may become greatly affected. Such patients owing to their deformities and the ulcerated condition of the skin may present very repulsive appearance.

There are two well-marked types of the disease, (1) the so-called anæsthetic, where the affected portion of the skin loses the power of feeling; and (2) the nodular form, where great thickening occurs of the affected parts of the skin. As this thickening usually occurs about the face, the expresion is much changed, and we have the so-called leonine countenance. It is probable that all cases of the nodular type pass through the anæsthetic stage first. Although all cases of the anæsthetic type do not necessarily develop into the nodular type.

The disease runs a protracted course, sometimes advancing with great rapidity, then remaining quiescent or improving. Leprosy continues in the active stage from eight to fifteen years. Of course, destroyed tissue is not restored, but no further changes, due to leprosy, take place. The disease itself kills about half its victims, either by extension to some vital organ, or by exhaustion. Of the others who die during the active stage, about 30 per cent. die of kidney complications, about 20 per cent. of tuberculosis of the lungs. A few cases have been reported cured, but they are exceedingly rare.

GONORRHŒA AND OBSCURE NERVOUS DISEASES.

BY R. O. KEISER, M. D., COLUMBUS, O.

On June 10th, 1907, a strange young man walked into my office; he was a perfect type of a nervous wreck. The muscles of his face were twitching, his mouth was screwed from side to side, and into all imaginable shapes; his eyes were winking and blinking; the arms and legs were moving; and the chair on which he sat seemed very uncomfortable; for there was almost a continuous shifting of the entire body from one position to another. If you have ever seen a bad case of chorea, one in which all parts of the body are involved, you have some conception of the condition of this young man.

His history is as follows: Father and mother living and in good health, except the father has periodical attacks of rheumatism; had the usual children's diseases; was educated in music, and for several years was a teacher of piano, and did some concert work, but had been compelled to give up his music on account of his extreme nervous condition. About four years previous to this date he had contracted a case of gonorrhœa; had the usual injection treatment and thought himself cured. About every four months there would be a reappearance of the discharge, other symptoms began to develop; he noticed that his mental condition was changing; that he had new and uncalled for desires. Some months ago in attempting to stop a discharge, a severe case of orchitis was induced; this confined him to his bed for two weeks and to the house for six weeks. When he came to me, in addition to the extreme nervous condition, he was suffering from a profuse urethreal discharge, a mixture of yellow and green. He was morbid, his memory was faulty and bad; he was irritable, tired and disgusted; it was almost impossible for him to utter a sentence without swearing; in fact, his discourse was one round of profanity. He had been the "rounds" and came to see if I could give a correct diagnosis of his case or could relieve him of his condition. His was simply a type of the many of the cases of uncured gonorrhœa. The source of infection in his case was in the prostate gland and adjacent parts. The new infection which he, from time to time, seemed to acquire was simply a reinfection from himself and from uncured gonorrhœa. Gonorrhœa, as a disease in men, has not received the attention it should. We are too prone to assume that the disease is cured as soon as the discharge ceases. This fallacy comes from the fact, that we have assumed that gonorrhœa is purely local disease; at the start it may be local, but as soon as the profuse discharge begins, it becomes constitutional; constitutional, in the sense that toxines are developed, which affect the various tissues and parts of the body; and which, until eliminated, will affect the system and prevent a complete cure. The gonococcus is a traveler and a sneak. When it enters the male urethra, it travels quickly toward the prostratic portion and soon becomes imbedded in the mucous membrane, or enters one of the many orifices that open into the urethra at this point. After entering the orifice it becomes dormant and remains so, as far as external symptoms are concerned, until aroused by some undue influence. This may be a prolonged worship at the shrine of Bacchus or over-indulgences in the manner and quantity of eating, or it may follow soon after the assumption of the marriage vows; in any case this minute bacteria again becomes active, a new discharge is induced, and the man asks, Why?

The prostate gland, as you all know, is situated at the neck of the bladder forming the large end of the funnel connecting the bladder and membranous urethra. It is musculo-glandular organ enveloped in a fibrous capsule. "It is about the size and shape of a horsechestnut with its base directed toward the bladder, and is apex in front. It lies upon the rectum, being separated therefrom only by loose fascia. Its transverse diameter, which corresponds with the length of the prostatic urethra, is one and one-quarter inches, and its depth three-quarters of an inch. It consists of two lateral lobes of equal size. Some writers mention a third or middle lobe, but this is regarded by most authorities only as a pathological condition." The floor of the prostatic urethra is a very complicated and highly sensitive structure, and bears an important relation to the gland, both from a functional and pathological view-point. In the centre of the floor is a small eminence, the veru-montanum, and on either side of it are the prostatic sinuses into which open some fifteen or twenty prostatic ducts. The opening of the two ejaculatory ducts are just anterior to the veru-montanum.

One author, in commenting on the foregoing anatomical condition, says, "If nature had purposely aimed to punish those who violate her laws in a manner never to be forgotten, no better plan could have been devised than this arrangement of the ducts and sinuses on the floor of the prostatic urethra. In truth the unlawful and blissful moment of joy is too often transformed into days, even years, of despair, through the arrangement just mentioned, for it is by this route that urethral disease is carried to the deep-seated sexual organs. The gonococci, becoming imbedded in some of these recesses, hibernate, and from their secure position send forth into the system toxines that produce untold misery, and symptoms that are difficult to fathom. The nervous system seems particularly prone to attack, and the case cited at the beginning was a good example of this fact. Other symptoms that may be found in these chronic cases are hæmorrhoids, gaseous eructation, intestinal indigestion; headaches usually in the top of the head, corresponding to the peculiar headache of women. Showing trouble with the generative organs, cold feet, I have found that this symptom is almost constant in young men with prostatic or chronic genito-urinary trouble. In many cases the first symptom is a pain in the back, which extends over the hips and down into the leg; following this there is a twitching of the lower limbs, or the fingers may tingle; impairment in the use of the arms and hands, noticeable in writing or in handling the knife and fork while eating. They get a form of "dropsy," i. e., are uncertain with their grip, and are liable to drop whatever they are carrying or handling. In others the lower limbs feel heavy and numb, requiring great effort to raise them in walking; there may be pain over the bladder, in the rectum, and at the end of the penis following urination. These pains last from three to five minutes. Following sexual intercourse, the patient may have the same kind of a pain, lasting for hours. They get nervous; afraid in the dark, afraid of their own shadow; cannot stand any excitement. One patient said to me, "I cannot go to the theatre, or any place where there is a play on the emotions. I simply sit and tremble, my arms and legs are in constant motion, and I have a desire to scream at every exciting incident."

Melancholia develops, with it a loss of memory, lassitude, loss of weight and ambition. Some even develop a desire for suicide, but they usually have not the nerve or ambition to follow the suggestion. There is a constant diminution of the finer perceptions, a gradual degredation, a downward moral tendency; the sacred things, those present that tend to moral elevation are gradually passed, and the lewd, vulgar, and immoral ideas are embraced. It is a gradual downward tendency, both physical and mental, a nervous breakdown, nervous prostration if you please, without preceptible cause. This forms a formidable array of symptoms, yet they are symptoms compiled from actual cases; you will, perhaps, never see all of them in any one case, yet this array of symptoms serves to show this —whenever you see a young man starting on the downward course, becoming a nervous or physical wreck, or both, you should inquire into his past history—and if he has ever had gonorrhœa, examine his prostate gland and the adjacent organs. It is well always to bear in mind the declaration of one of the lecturers in a Philadelphia hospital, which was: "That he would not vote for any man to graduate in his class who failed to suggest examination of the prostate gland in answer to the following question: What would you do if a young man presented himself with an obscure nervous disease?"

In any obscure nervous disease, seek the cause and remove it, if it is an uncured gonorrhœa, cure the gonorrhœa, and the nervous symptoms will fade away.

54 N. Washington Avenue.

A DIFFERENTIATION BETWEEN MALARIAL FEVER AND YELLOW FEVER.

BY GEORGE W. CROCK, M. D., VICKSBURG, MISS.

During September, October and November, 1905, Vicksburg had a number of cases of yellow fever and many cases of malarial fever of the bilious, remittent type. The question of differentiating between the two was at all times interesting, and frequently difficult.

The three cases which are selected as typical for this purpose occurred during the same strenuous period. A time when constant watchfulness was necessary to guard against an incorrect or faulty diagnosis. Any mistake in that direction was to be carefully avoided for at least two reasons. One that a fatality might result therefrom, and another that an embarrassing interview might ensue with the Marine Hospital authorities, who, at the request of the city officials, were in charge.

When yellow fever is discovered in a city every case of illness which is attended by a rise of temperature, should be watched very closely, particularly for the first forty-eight hours. If the pulse rate is lower than that which ordinarily accompanies a temperature of a given height, the case should be considered suspicious (considered, not publicly announced), and isolation of the patient and fumigation of the premises should at once be instituted. No chances whatever should be taken on the next twenty-four hours failing to establish a diagnosis of yellow fever.

This procedure is a part of the proper care of patients suffering from malarial fever, but the increased severity and the greater mortality which has heretofore been attendant on attacks of yellow fever make it all the more important to take this precaution in the care of all fever patients in this latitude for the protection of those not yet attacked.

This precaution will not only aid in protecting those not yet attacked, but will prevent some of the possibilities of a double or mixed infection, those possibilities which offer a wide field for study.

When a temperature and pulse dissonance is first noticed a careful examination of the urine should be made and daily thereafter.

This is not of special value at any time during the course of an attack of fever with the temperature and pulse consonance, unless the concomitant symptoms fail to prove explanatory of the case as it progresses.

If albumen is found in any urinary examination, and a daily increase in the percentage is shown, it is confirmatory of the chart evidence in diagnosing yellow fever.

It should by this time go without saying that wherever a case of fever occurs in this latitude the patient must be screened from mosquitoes and a culicide used, but the importance of that means of checking the spread of both malarial and yellow fever cannot be too often reiterated. This, too, regardless of yellow fever scars. Those scares, the advent of which did so much previous to the discovery and general acceptance of mosquito transmission to demoralize people and consequenty conditions.

The first two cases, here reported, occurred shortly after yellow fever had been declared present in Vicksburg. The patients were sisters, occupying the same room, and they were both attacked, as the clinical abstracts show, at about the same time. Neither, so far as could be ascertained, had been anywhere near any of the reported cases of yellow fever. The house in which they lived was imperfectly screened, and mosquitoes were very much in evidence. What part a psychological influence may have played in the attack of the younger sister is open to conjecture. The evidence is authentic that each had a chill.

The third case occurred in a third story room directly over the room of a man, who, having fever and for lack of proper nursing, was on the second day of his attack, and on the third day previous to the attacks of the patient here recorded, removed to a medical institution where his case was later diagnosed as yellow fever. There had been no communication between the two individuals, but mosquitoes were plentiful throughout the building, and the window and door screening were defective. This patient never had the slightest semblance of a chill.

Case I (J—Y).

Clinical History and Symptoms.

September 3d, P. M. Has been feling badly for two or three weeks. Has taken several prescriptions

for biliousness associated with severe frontal headache. Had a fifteen-minute chill about 10 A. M.

September 4th, A. M. Wakeful night from continued headache.

September 4th, P. M. Headache less severe. No chill.

September 5th, A. M. Soreness of muscles, especially of the thighs. Urine, specific gravity, 10.18; no albumen, no sugar.

September 5th, P. M. Muscular soreness has disappeared. No chill.

September 6th, A. M. Had a restful night.

September 6th, P. M. Had a comfortable day.

September 7th, A. M. Much improved.

Case II. Y—Y.

Clinical History and Symptoms.

September 3d, P. M. About 11 A. M. had a shaking chill which lasted nearly half an hour.

September 4th, A. M. Had a restful night.

September 4th, P. M. Had a comfortable day. No chill.

September 5th, A. M. Had a restful night. Urine, specific gravity, 10.20; no albumen, no sugar.

September 5th, P. M. Comfortable day. No chill.

September 6th, A. M. Had a restful night.

September 7th, A. M. Much improved.

Case III. A—G.

Clinical History and Symptoms.

October 31st, A. M. Was wakened in the night by nosebleed and nausea. Vomited several times during the night. No chill.

October 31st, P. M. Nausea almost constant during the day with occasional vomiting. Vomited material watery and sour-tasting.

November 1st, A. M. Nausea less. Two vomiting spells during the night.

November 1st, P. M. Fairly comfortable day. Two vomiting spells since previous visit. Vomited material the same. No chill.

November 2d, A. M. No nausea. Slight yellowness of the sclerotic urine. Specific gravity, 10.22; no albumen, no sugar.

November 2d, P. M. Fairly comfortable day.

November 3d, A. M. Restless night from headache and backache. Urine, specific gravity, 10.22; albumen trace, no sugar.

November 3d, P. M. Restless day.

November 4th, A. M. Fairly comfortable night.

November 4th, P. M. Restless and nervous most of the day. Slight nausea at intervals. Urine, specific gravity, 10.32; albumen, no sugar.

November 5th, A. M. Restful night.

November 5th, P. M. Comfortable day. Urine, specific gravity, 10.32; albumen less, no sugar.

November 6th, A. M. Had a comfortable night.

November 6th, P. M. Had a slight headache during most of the day. No backache. Sclerotic markedly yellow. Skin of chest slightly. Urine, specific gravity, 10.26; albumen less, no sugar.

November 7th, A. M. Had a restful night. Slept three hours consecutively, and two hours more after a short interval of wakefulness. Very weak and pallid.

November 7th, P. M. Had a comfortable day. Sclerotic cleared up considerably. Urine, specific gravity, 10.28; albumen, no sugar.

November 8th, A. M. Better. Restful night. Urine, specific gravity, 10.26; albumen, no sugar.

November 9th, A. M. Better. Urine markedly clouded. Specific gravity, 10.22; albumen trace, no sugar.

November 10th, A. M. Better. Urine clearer. Specific gravity, 10.22; no albumen, no sugar.

DIET IN TYPHOID FEVER.

BY C. O. MUNNS, M. D., OXFORD, O.

Today the medical profession agree that typhoid fever is an acute infectious disease caused by the invasion of the "Bacillus Typhosus," which produces inflammation and ulceration of the lymph follicles of the intestines, and swelling of the mesenteric lymph nodes and the spleen. Other micro-organisms than the specific germ play an important part in determining the extent and character of the bowel lesions and in the production of the general toxic infection, which should receive careful attention in treatment of the disease. Since typhoid patients must contend with the toxins generated by the invading micro-organisms as well as the body toxins, it seems rational that it is our duty to select a diet that will not favor the life and development of the bacteria and their toxins. We all recognize that the digestive secretions are not freely active in this disease; and I believe that the most of us will admit that meat broths and milk are excellent culture mediums for bacterial life. Then why feed our patients during the progressive period of this disease, as recommended by nearly all of our medical writers of today?

I contend that typhoid patients, as a rule, require very little food during the first two weeks or more of the fever. More patients are killed by over-feeding than under-feeding.

When a case of typhoid fever comes under my care, I thoroughly clear the bowels with castor oil to which has been added a few drops of the oil of cinnamon, then prescribe the free consumption of pure water and pure, fresh fruit juices, often allowing the patient to consume the soft pulp of the fruit in a finely divided state. The pulp of ripe apples, pears, peaches, and grapes can be safely given in this manner; also the pulp of perfectly ripe melons is often relished by the patient, and seems to cause no irritation. The juices of ripe pineapples, oranges, lemons, grape-fruit, grapes, and of all succulent, edible fruits and berries are permissible; should diarrhœa be present, blackberry, raspberry, and grape juices are best adapted to this condition.

Should the fruits and fruit juices not satisfy the hunger of the patient, egg albumen can be dissolved in the fruit juices, or a whole egg can be dissolved in water and lemon juice, sweetened to suit the taste, and given. Barley-water, rice-water, malted milk, buttermilk, milk-whey, uncooked oatmeal-water safely meet the emergency; pea broth, made from the mature pea, is excellent when food richer

in nitrogenous material seems to be indicated.

I reserve the use of sweet milk and animal broths until the third week when the fever begins to subside and the patient manifests a returning appetite and relish for food. At this time modified milk, and animal broths can be given safely with caution; and our patients will relish the milk during convalescence, thus making the return to gruels and more solid food more easily and safely brought about.

Sudden rise of temperature, due to accumulate waste in the bowels, is easily combatted by giving a small dose of the castor oil with cinnamon, which I do not hesitate to give in any stage of the fever, and I regard it as the best and safest agent with which we can clear the intestines of waste.

The advantages claimed for this treatment are:—

Freedom from the severe complications produced by the toxæmia under the old regime, e. g., high temperature, severe diarrhœa, tympanitis, hæmorrhages, delirium, etc.

Comfort and safety of the patient.

Shorter and milder course of fever.

Conservation of patient's strength, and rapid recovery.

Very little medicine is required, and much better results are obtained from medicine given.

THE HOME TREATMENT OF TUBERCULOSIS.

BY DR. BURT J. MAYCOCK, BUFFALO, N. Y.

The successful treatment of tuberculosis at home has come into being only within a comparatively few years, and is the direct outgrowth of the modern sanatorium, with the same methods more or less modified, according to the requirements of the case and adapted to the facilities at hand.

My mind goes back as I write, to the methods in use when I was a boy, and even in the earlier years of my medical practice.

I remember the almost surprise with which Dr. C. J. B. Williams once spoke in discussing the value of altitude in the treatment of consumption, when he said that he "had seen patients recover at a no higher altitude than that of the Brompton galleries." And Brompton is in the soot, smoke and fog of London. Why they ever recovered there is a mystery to me now, but surely shows the curability of the disease, when any cases lived through the methods employed when I was clinical clerk in that institution.

As a young boy I remember a dear aunt who had "throat trouble"—not for worlds would any of the family admit it was "on her lungs." But even I was dimly conscious of the self-deception and inwardly sure of the result.

She spent the greater part of her time reclining in a room with drawn shades, windows packed and doors always closed, so that not by any chance was a breath of fresh air allowed to strike her fragile body. Light, dainty food was placed on a chair beside her so that when the inclination came she could eat a few mouthfuls; water she must have only in sips. Then on some particularly bright, warm days, she was allowed a little walk in the sunshine. And how pitifully short the walk seemed after all the effort at getting dressed and wrapped and bundled and veiled, so that by no chance again could God's fresh air and sunshine come in contact with her.

It took men of strength and independence of thought to bring about a change, but here and there from the time of Paracelsus to that of Brehmer, appear men who saw glimpses of the truth. George Bodington, of England, was one of these, and in 1840 made some splendid cures by practically modern methods, but the fierce opposition he met with was too strong, and his Sanatorium for Tuberculosis became an Asylum for the Insane.

In 1855, Henry McCormac, of Belfast, proclaimed the same doctrine, and was hounded and persecuted to death by his fellow practitioners for his pains.

It remained for Herman Brehmer to actually establish the so-called "open-air treatment," and in about 1860 he started his sanatorium at Goebersdorf. He met with just as much opposition as had his predecessors, but he was German, and callous, and sure he was right. Besides, with true Teutonic thoroughness, he had worked out the whole problem and followed a strict method, and his results justified him. Walther, of Nordrach, and Trudeau, in our own country, followed in his foot-steps, and now a community is hardly respectable that has not some more or less suitable hospital for the carrying out of this method of cure.

So much for ancient history. Now, what are the requirements for curing these unfortunates at home?

In the first place, we must find the presence of the disease at the earliest possible moment, for the patient's chances of recovery are in direct proportion to the period at which a proper diagnosis is made. In the second place, we must know our patient and his weaknesses and his strength. As has been said, it is just as important to know what kind of a patient the disease has got as it is to know what kind of a disease the patient has got.

The patient should be told frankly what is the matter with him, and his earnest co-operation secured. If we minimize matters with him, he is apt to rebel more or less, and to think that certain rules laid down are unnecessarily severe; and, on the side, he will try to "fool the doctor" by doing things he should not do and leaving undone those things he should have done; and there is no health in him.

He must be impressed with the idea that his whole present business is getting well; and that getting well of tuberculosis is not a matter of a few weeks, but of months and years.

If possible, it is better for patients to start the treatment at an efficient sanatorium, as there they get the necessary schooling in the proper methods of living, and a large amount of encouragement by seeing others, as bad as themselves, on the road to recovery. Unfortunately, it is not always possible to do this. Even if the case is one which can be accepted, the waits are often long before admission can be secured. When we consider that there is only bed space in public and private institutions

where such cases are accepted for about two per cent. of the sufferers from tuberculosis, obviously it becomes necessary to care for the other ninety-eight per cent. in some other way. Upon the general practitioner falls this responsibility, and he should be prepared to meet it.

The patient's home, or part of it, will have to be converted into a sanatorium, and the necessary changes made.

Many times the best rooming arrangement is by means of a tent with raised floors placed in the yard. More often we have to arrange a room in the house. This room should have a sunny exposure and be protected from the prevailing winds. It should not, however, be so well protected that the circulation of air is entirely cut off, as the whole benefit of the treatment lies in having the patient continually surrounded with a plentiful supply of fresh, uncontaminated air.

The sunshine should be able to flood into the room, not only because it is grateful to the patient, but because exposure to direct sunlight kills the tubercle bacillus in a few hours, and hence we are getting free each day a large quantity of excellent disinfectant.

All heavy hangings should be done away with and the curtains should be made of material easily washed. Upholstered furniture is also out of place. The floors should be bare, with one or two easily cleaned rugs for the patient to stand on while dressing. The furniture should be made of wicker-work, or something which can be wiped off readily each day with a damp cloth. In short, the room furnishings should be such as can be easily kept free from dust, for the protection of the rest of the family and also to prevent re-infection in the same patient. The floors and side walls for a foot or more above the floor should be wiped daily with a damp cloth. Experience has shown that the infection rarely clings to the side walls at a greater distance from the floor than three feet. Absolutely no dry sweeping or dusting should be allowed.

When a veranda can be had outside the room selected, it can easily be arranged with screens, etc., to make an excellent sleeping place for the patient, and, in fact, except when dressing and undressing, he should spend the greater part of his time there.

For the first few weeks under treatment, the rest should be as nearly absolute as possible, and any other time in the course of the cure when fever is present, except, perhaps, here and there in a very exceptional case.

When a veranda is not available, a window tent of the style suggested by Knopf makes an excellent arrangement by which, while the patient's head is practically out of doors at all times, his body is in the room and his family and friends can care for him with comparative ease and comfort.

Patients stand this out of door living, even in the early days of treatment and before they have become inured to it, far better and suffer less than their families, and especially their mothers, think they will. They rarely take cold—not so often, perhaps, as do the rest of us, who think we are well and live under ordinary conditions.

The clothing should be warm, but light in weight. No so-called "chest protectors" are allowed, but when sleeping or resting out of doors enough covering should be used to make them comfortable. In winter and stormy weather a thick woolen sleeping bag may be used. When the patient reaches the point of exercising, the clothing should be less. Heavy coats should then be laid aside, both on account of the extra exertion involved and to avoid inducing perspiration.

During the acute stage of the disease, while fever is present, the patient must go to bed and stay there until the fever is gone. This may take one week or six or more, but there is no help for it. Every exertion increases the fever and every increase of fever increases the disease in the lungs. It is just as reasonable to keep these cases in bed when they have fever as it is to keep in bed our typhoid cases and our appendicitis cases, and to keep at rest an inflamed elbow joint.

At this time the diet should be liberal and consist of meat twice a day, vegetables, bread with plenty of butter, eggs either cooked or "on the shell," plain deserts, fruits and plenty of milk.

There is no quicker way of reducing the fever in tuberculosis than by means of complete rest in the open air and a generous diet.

While the patient should be encouraged to eat heartily, even more than at first the appetite calls for, I want to sound a warning against too vigorous stuffing. I have seen too many stomachs break down under this plan, and the last stage of that man was worse than the first.

The patient should be encouraged, or cajoled, or bullied, into eating enough to repair waste and store up fat. For the fat supply is our granary to fall back upon in time of famine. In other words, for the body to feed on at those times when the stomach rebels—and rebel it will at times in most cases.

Three good square meals a day, with a glass of milk at the close of the meal to fill up the cracks, is enough in most cases. Sometimes one or two raw eggs can be taken in the middle of the morning or afternoon or both without interfering with the appetite for the regular meals, but I believe that we get better ultimate results in most cases if we give the stomach a chance to rest once in a while.

When our case has reached the point of exercising, he should rest alone for a full hour before dinner and supper. After these meals he should also rest, but there is no harm then in his visiting with the family. He should go early to bed, not later than nine or ten o'clock, and get up at a reasonable hour in the morning, say half past seven or eight.

When do they reach the point of exercising? That depends on the temperature and pulse. The temperature should be taken every morning soon after waking. If it is 100 the patient should stay in bed. If it is above 98½ he may get up, but refrain from exercise. The temperature in these cases should be a little below normal in the morning, and any elevation at that time should be looked upon with suspicion.

After the morning walk the temperature is again

taken, and if it is above 100, take it again in half an hour. If it is not normal by that time the walk has been too long and the remainder of the day must be spent resting. The next day, providing the morning temperature is not above 98.5, he may walk again but not so far. If all goes well, he may take another, but shorter, walk in the afternoon, again taking the temperature after it. If now the temperature is over 100 immediately after exercise, or does not return to normal in half an hour, he should rest all the next day. It should be again taken in the evening, and if it is then 99 or over he should rest all the next day.

There are exceptions to all rules, and sometimes, but rarely, we find cases where the temperature does not come down until they are allowed to exercise, but great caution should be used in carrying out experiments of this kind.

So the lives of these patients are regulated largely by the thermometer. But a marked increase in the pulse rate, shortness of breath or profuse perspiration are also warnings that the exercise is too severe.

Under no circumstances should they hurry. Better a thorough soaking from a thunder storm than getting out of breath from hurrying. Towels to dry the body, and fire to dry the clothes are easily obtainable, but the damage done to the diseased lung by the strain induced by fast walking may take months to overcome.

Once a week the patient should be weighed, with the same clothing and, as near as possible, at the same hour. In this way we can judge whether or not enough food is being taken. Once a month the chest should be thoroughly examined to keep track of the progress of the disease. Frequent examinations are unnecessary, unless some complication sets in, and we can make better comparisons by not examinig too often.

This does not mean that the patient must not be seen frequently. It is absolutely necessary that he should, for every detail of his life must be directed by the physician. It will not do to give the patient general directions and let him work out the cure himself. Nine times out of ten, if that method is followed, he will overdo, or neglect this, that, or the other thing. He is apt to become careless and is much the better for a "jacking up" every now and then as a reminder that he is ill and that he can and must get well.

All this is, perhaps, tedious to the patient; the constant taking of temperature, the uneventful days, the weeks in bed get to be monotonous in the extreme. But it is their very life they are fighting for, and when the question is fairly put to them, how much will you do to save your life and be able to live like other people for years, they usually brace up and express themselves as willing to fight it out.

We have said nothing about the care of the sputum. Firstly, the patient should be instructed to cough as little as possible. "Nothing aggravates a cough like coughing." He should cough only to raise something and restrain the frequent desire to hack and cough when there are no adequate results to be obtained. Once or twice a day he can attend to his pulmonary toilet and get cleared out, and then stop coughing the rest of the time. When this hard cough comes on early in the morning, as it frequently does, a cup of hot malted milk will help to loosen up the mucus and give the patient something in the stomach to brace against.

The sputum should be destroyed in every case before it has a chance to dry. The patient, while in the house should use a cuspidor with a little water and, perhaps, some disinfectant in it. This should be emptied twice daily down a closet. When out, they should carry a Dettweiler cup and expectorate into that, or else one of those small paper cuspidors which can be burned after use. Many prefer to carry a small roll of gauze which can be burned.

They should always hold a handkerchief before the face when coughing, to prevent spreading the infection by the spray or flying drop; and they should use a different handkerchief for the usual uses of that article.

My paper has already reached such a length that I can do no more than to refer to the necessity of thorough disinfection of clothing, dishes, etc., and to reiterate as strongly as I can the necessity for the destruction of the sputum before it gets dry.

We are dealing with a disease which is curable and preventable, but which, at the same time, takes its toll each year in one-third of all the deaths during the years of the most active and useful life.

Let us give these poor victims every chance to get well by making our diagnosis early and then giving them the proper care; and when it is too late for that, and the disease has made inroads which we cannot overcome, let us make their ending as comfortable as possible and at the same time protect their families, their friends and the public at large from becoming infected.

560 Delaware Ave.

Ophthalmology.

RELIEF TO EYE SYMPTOMS FOLLOWING TONSIL AND ADENOID WORK.

BY THOMAS M. STEWART, M. D., CINCINNATI, O.,

Professor of Ophthalmology, Pulte Medical College.

This paper proposes to show that the necessity for the removal of the overgrowth of glandular tissue, or adenoids, in the naso-pharynx, and reduction or removal of hypertrophied tonsils, is often necessary from an ocular standpoint, as well as from distress classified by Parker, as follows:

1. Nasal obstruction causing:
   - (a) Broken sleep, struggling for breath, nightmare.
   - (b) Anæmia and general debility.
   - (c) Malnutrition and stunted growth.
   - (d) Headache and poor memory.
   - (e) Snoring and noisy, rough breathing.
   - (f) Enuresis.

(The foregoing symptoms are noticeable when the child tries to breathe through the nose.)

2. Mouth-breathing with the attendant chronic pharyngitis, subacute laryngitis, bronchitis or croup.

3. The presence of adenoid (and enlarged tonsils) causing:

(a) Thick speech of nasal (or throaty) quality.
(b) Inability of infants to nurse.
(c) Frequent colds or a chronically running nose.
(d) Gastric disturbances from swallowing nasal discharge.
(e) Epistaxis.
(d) Loss of the sense of smell.

4. Reflex conditions sometimes due to the presence of adenoids and (enlarged) tonsils.

(a) Asthma.
(b) Hay fever.
(c) Stammering.
(d) Epilepsy.
(e) Constant cough.

In this latter classification should be included the eye symptoms, covered by my clinical experience, in persistent conjunctivitis, or at least an annoying recurrent redness, fatigue of the eyes from but little use at the near point, phlyctenular troubles, probably due to gastric disturbances. See (d) division 3, as well as insufficient oxygenation from nasal obstruction.

The primary necessity for the removal of adenoids is the nasal obstruction as well as the necessities enumerated in Parker's classification, slightly modified in the foregoing. The effect of these diseases on the formation of the jaw bones and on the conformation of the face is a subject for special consideration, and is of itself a weighty argument for special attention to them.

In this paper we are not concerned with the contra-indications to operation, the time to operate, nor the methods and best instruments for the work, neither is the subject of the anæsthetic before us at this time.

The title concerns itself more with the results, in a particular sense, and those are often the subject of much concern with the parents. To the questions concerning the necessity of the operation, the chances for spontaneous cure, the danger, the necessity of an anæsthetic, will a recurrence follow the operation? To these questions are added: What effect will the operation have on any and all the other complaints or symptoms?

With reference to the eye symptoms enumerated, the operation will certainly have no untoward effect, that in every case the eye symptoms will be cured; no positive promise can be made, because the one great cross in medicine comes in at this point. We are not able, invariably, to say that we can cure this particular case, no matter if it is exactly similar to others, even many others, which we have succeeded in curing.

The West Virginia State Homœopathic Medical Society met in Wheeling, on October 27th. The programme of the meeting was especially gynæcological. Five papers were scheduled, one on Homœopathic Remedies in Gynæcological Conditions, by Dr. C. M. Boger, of Parkersburg.

Otology

CHRONIC SUPPURATIVE OTITIS MEDIA.

BY S. B. LESLIE, M. D., OKMULGEE, OKLA.

I shall not worry you with a long paper. It is my opinion that a practical point which one can utilize at once on his patient with undoubted benefit is of greater importance to the practical physician than a long abstruse paper dealing with guesses, hypothesis, and theoretical considerations, which may or may not possess value.

There is a large class of people suffering from chronic suppurative otitis media, or "running ear," as the laity terms it, all over this country. It is quite prevalent in my part of Oklahoma. Many of these sufferers are out of reach of the specialist, and the general practitioner must prepare himself to meet the condition.

As we are all aware, the disease is a sequel of acute suppuration and full of importance to the afflicted patient. It is a deplorable fact that many of the medical profession, who are not well informed upon the subject, the consequences of the disease, consider it of little importance, and advise that it be let alone—that the child will outgrow it. The patient's life has paid the penalty of this neglect more than once.

Recently, a man fifty years of age came to my offices and asked me if I could do anything for his running ears. I found that they had been bothering him since infancy and that he had about come to the conclusion that the advice of the old family physician to let it alone was not the best. A case that I am now treating, a young man fifteen years old, whose ears have been discharging since three months of age, tells a similar story. This disease does not tend toward resolution, but toward dissolution, and no trifling makeshift is pardonable. The patient is not likely to outgrow the disease, but the disease is likely to outgrow the patient.

Many of these patients, I repeat, come primarily under the care of the family physician, having their origin in an attack of scarlet fever, diphtheria, influenza, tonsilitis, tuberculosis, pneumonia, smallpox, syphilis, typhoid fever, ulcerative endocarditis, septicæmia, puerperal infection, or other general diseases; and on his advice will the patient depend for proper care.

To scarlet fever can be attributed the major part of chronic purulent median otitis, and it is these cases that exist for many years under the mistaken notion that they will be outgrown, or that there is nothing to be done for them.

It seems unnecessary to say that a perforation exists in the drum-head, and in cases of long standing the opening is likely to be quite large and afford some view of the interior of the cavity, all of which will usually be found to be affected by the disease. The membrana tympani is rarely completely destroyed, and yet the opening may be so small that you will have to enlarge it in order to evacuate the pus from the middle ear. The ossicles often par-

ticipate in the necrotic process, caused by poor blood supply.

The disease may extend to the labyrinth, although it is not of frequent occurrance. It far more often involves the antrum and cells. If we recall the position of the antrum behind the middle ear and the connection of these cavities by the itur ad antrum, and then their relative position when the patient lies upon his back, we shall appreciate how the fluids in the tympanum may drop through the canal and enter the antrum and set up mastoid disease.

Often the disease continues though no discharge may make its presence for a time, and the patient is lulled into a false sense of security. With a slight cold, back comes the flux.

Coming from this disease, we get phlebitis, sinus thrombosis, meningitis, subdural abscess, pyæmia, abscess of the brain. Just above the anterior extremity of the hypo-tympanic space is the entrance to the Eustachian tube. From extension in this direction necrosis of the tissues of the tube may result, or it may gravitate to the pharyngeal region, setting up retropharyngeal abscess. The seriousness of such a condition is apparent when we know the abscess may rupture and enter the larynx, causing fatal strangulation; or fatal œdema may follow failure to incise it early enough. It is sufficient to say that only with the proper treatment that the prognosis is good.

Cleanliness is the first thing to be considered in the treatment and this is obtained by syringing the ear with, at least, a quart of warm water, or more water, if necessary. The water should always be sterilized and warmed. The mercuric bichloride, 1 to 500, is sufficient, or pix Cresol solution, will answer. But be sure to use plenty of it to get inspissated, greasy accumulations found in these ears. Some force may be used for the first few treatments to perfect your cleansing, but not strong enough force to produce giddiness or nausea. I prefer the continuous flow of water, as it admits of the most perfect control over the temperature of the water and the force of the current. The stream should be directed toward the canal rather than directly in line with its axis, so as to permit a return flow along the floor of the canal. The outflowing solution should be caught in some small receptacle held close to the ear and never re-inject by any means same solution. After a thorough cleansing with the syringe, the ear is inflated with the Politzer air bag, so as to eject any possible secretion remaining in the Eustachian tube or middle ear. The parts are then thoroughly dried with absorbent cotton,—and this can best be done by using cotton on the cotton-carrier. After drying, dust over the diseased surface, as near as possible, some anæsthetic powder. BoroPixcresol, aristol, or nosophen, boric acid, etc., may be used in the powder blower.

After the first few treatments, when the discharge usually subsides, it is advisable to use a dry treatment only, relying on absorbent cotton driers, inflation and the powders, as your case will do much better with the dry treatment.

If you are painstaking in your treatment, you will be even more surprised than your patient with the results.

We sometimes find more intractable cases in which the drum-head is so sensitive that we can hardly touch it with cotton. In some cases we use the warm solution of peroxide of hydrogen (H_2O_2) in the ear until effervescence ceases, which requires from five to ten minutes, as a rule. Then dry the ear as best as possible and then use the powder, after which, close the external auditory canal with cotton, and tell your patient to come back the next day. The ear must be treated daily until the discharge ceases, at least.

The constitutional condition of the patient needs attention. The indicated homœopathic remedy will usually complete the cure. I find Hepar sulphur, Kali muriaticum, Pulsatilla, one of the three often indicated. When the general practician will appreciate properly the possibilities of chronic suppurative otitis media, there will be fewer of these cases allowed to take their course, "and trusting to nature" for a cure will be relegated to the past.

I trust this paper will incite the study of the subject, at least. If so, then the principal object for which it was written will have been accomplished.

The Colleges.

WHY WE SHOULD TAKE MORE INTEREST IN OUR COLLEGES.

BY A. H. SEIBERT, M. D., JEFFERSONVILLE, IND.

This subject is one that I hardly feel able to bring to you with the proper amount of force, but I shall try to bring before you some ideas for discussion which I hope will bring out the college spirit again, which I am sorry to say has become very lax.

Considering the college work, it may be put to you in several ways, first, as a business proposition. I know that if the college had a large, fine building, plenty of money, a world-wide reputation, etc., that we would not have places enough for the many would-be workers. But, doctor, would there be any glory in such work? You might say, "Laying in the nest after some one had feathered it for you," or would it not be much better to start now while the school is small and needs your help? Send students, do all the college work that it is possible for you to do, and in due time you shall reap the harvest.

Would you predict success for a man in any business if he went at it in the half-hearted way in which our homœopathic brethren are treating our colleges? (No.) Again, I ask you a question: If this same man were to put his heart and soul in his work, could you hold him down? (No, many times no.) Our college is a proposition of the same class, if the Homœopaths will all put their shoulders to the wheel, I ask you, can you keep it down?

Doctor, Homœopathy made you what you are. Are you going to let it die out and yourself with it, or will you give us your help? You owe this work to yourself, to the college that made you what you are, and most of all to your fellow-beings. I call

your attention to the thousands of letters that are constantly coming to the homœopathic colleges over the country pleading for homœopathic doctors in different localities all over this and other countries. Doctor, you are duty bound to help fill these places.

Being an old school graduate, I am in a position to know the feeling that is carried against Homœopathy by that school.

Homœopathy has grown so in the past that it has become a menace to their business, and, of course, they are trying every means to eliminate it.

First, they tried ridicule and persecution on those that stood for its principles, but still it grew. They next tried to discourage the people in their faith in many ways, but this also failed, and still it grew. Later, by eliminating the materia medica from the boards of some of the States they hoped to have all physicians recognized as one large class; this also failed to stop the progress of Homœopathy. Now, as you all know, they are consolidating their colleges, making larger and better schools, and requesting that the college requirements be made more strenuous in the hope that we Homœopaths will not be able to live up to the requirements and necesarily drop out, leaving them a clear field. Doctor, if ever we needed your help it is now. We must bring our schools up on an equal footing with any of theirs, and with your help this can easily be done.

Come with us this year now. Give us your help both in and out of the college. When we think back of such men as Hahnemann, Hering and others, and what they went through for the cause of Homœopathy, being ridiculed and persecuted and driven from place to place, we, under the conditions of the present day, ought to be able to give just a little of our time to the cause. No man should be ashamed to stand for so truly a scientific cause as Homœopathy.

In closing, I would leave with you this motto: "Work and ye shall be richly rewarded," possibly not in this world's goods, but in the thoughts that you have been a help to your fellow man.

Societies.

OHIO AND MICHIGAN STATE MEETING FOR 1909.

A very important meeting of the executive committee of the proposed joint State meeting of the Michigan and Ohio Homœopathic Societies was held at the Boody House, Toledo, October 4th. The entire committee was present. Dr. Jos. Ball, president of the Michigan Society; Dr. Myers, of Ann Arbor, and Dr. Richards, of Detroit, represented the Michigan Society. Drs. Siemon, president of the Ohio Society, and Staples, of Cleveland; M. H. Parmelee, J. H. McVay, L. K. Maxwell, A. T. Barnum, B. W. Dawley, and W. A. Humphrey, of Toledo, represented the Ohio Society. The Toledo physicians present comprised the joint committee of the Northwestern Ohio Homœopathic Society and the Toledo Homœopathic Club. Dr. M. H. Parmelee, president of the Toledo Homœopathic Club, called the meeting to order. Dr. Joseph Ball was elected chairman, and Dr. W. A. Humphrey secretary. The question of holding the joint meeting of the Michigan and Ohio State Societies at Toledo in 1909 as previously planned was discussed. Since the location of the American Institute at Detroit next year it has been a matter of discussion by some whether the two meetings coming so close together would conflict. At this meeting it was fully discussed. Every one present was asked to express his views. Everybody was enthusiastic for the joint meeting. Motion by Dr. Richards, that they be held as previously planned, carried unanimously. The meeting will be held early in May, six or seven weeks before the Institute, and is expected to be a hummer and a boost for new members for the Institute as well. The session will be two days only. Everybdy is expected to boost, and we shall have a glorious meeting. The Toledo fraternity are enthusiastic over the project, and will show the two societies a good time. The Ohio Homœopaths are extending the glad hand to their neighbors from Michigan, who will find that every loyal Homœopath in Ohio is pulling for this joint meeting and for the Institute also.

THE INTERNATIONAL TUBERCULOSIS CONGRESS.

The International Congress on Tuberculosis which met in Washingtan, D. C., from September 21st to October 12th, has attracted more public attention than any other medical convention in the history of mankind. This is not singular since the subject discussed is uppermost in everybody's mind, and because the world sent its best brains to participate in it. Koch was there, that man of iron and industry. It was he who discovered the cause of tuberculosis and demonstrated that bovine species of animals have tuberculosis.

The first week of the Congress was devoted to the display and demonstration of exhibits. New York, Pennsylvania, Colorado, Rhode Island and Massachusetts took the lead in the number and variety of exhibits. The pathological exhibits from Johns Hopkins Medical School were good, but they looked old, and some of them were in bad condition. They made you think of a museum. The exhibits of the bureau of animal industry of the United States Government were worth the price of the trip. Among the foreign countries England had exhibits from Leeds, Bristol and Cambridge. Canada, Germany, Sweden and other countries were represented. If you wanted to study the pathological lesions of tuberculosis this was the place to go, for in the new museum building where the Congress was held, there were hundreds of specimens showing tuberculosis in every stage of development, and the tissues of the body in every degree of destruction. Models of everything used in housing consumptives were shown. Surely some of them were open to criticism. Take the Walsh window tent, made of duck. A consumptive sleeping in one for twenty-four hours would surely infect it with germs, as the breath is considered one of the principal mediums of infection. Sputum cups were shown. At one place I counted fifteen different varieties. Sea Breeze Sanitorium, of Long

Island, where the tubercular children of New York are treated, exhibited a great many models, showing how they treat bone tuberculosis with beds and plaster of Paris casts. Rhode Island displayed two tents, one showed a room occupied by the very poor and infected with tuberculosis. The room as well as the family was infected. The other showed the same room after it was visited by a visiting nurse, renovated, cleaned and papered. The windows were opened, the floor had clean matting on. It contained an iron bed with clean bedding, a wash-stand and a chair. Probably twenty dollars and a little energy and intelligence converted this room from a dirty, filthy consumptive den to a clean, wholesome, bright home. These are only illustrations of what was to be seen throughout this wonderful exhibit. It was, indeed, a medical world's fair.

The real Congress began the second week, when Secretary Cortellou opened the convention. While the doings of the Congress has been reported in the press, yet no two people sees it alike; in fact, no one person could see more than a seventh of it, for it was conducted in seven sections, which were presided over by such men as Dr. Wm. H. Welch, of Johns Hopkins; Chas. H. Mayo, of Rochester, Minn., and Abraham Jacobi, of New York. The first burst of enthusiasm followed the introduction of Dr. Robert Koch, of Berlin. Every one arose and cheered for two minutes. The only other burst of enthusiasm, which in any way approached this, followed the mention of the name of Dr. Trudeau, of Saranac Lake. When the various sections got under way much good work was done. In the original work done along the line of diagnosis the foreigners had the best of it.

Dr. Calmette, of France, was there demonstrating his conjunctival reaction as a diagnostic sign of tuberculosis. He uses a one per cent. solution of Koch's old tuberculin. It is dropped into the eye, and if tuberculosis exists the eye is red in twenty-four hours. This first instillation of tuberculin in the eye increases the sensitiveness of the patient to tuberculin, so if you repeat the experiment in a few days the reaction is more pronounced, and if you are so bold as to repeat it a second time, you are in danger of setting up an intense keratitis.

Dr. Von Pierquet, of Vienna, has devised a method of diagnosis which he calls the cutaneous method. He demonstrated it at the Children's Hospital. It is similar to vaccination, only the scarification is circular and very small. A red areola appearng in twenty-four hours indicates tuberculosis in the patient. He explains the reaction on the same theory as vaccination. Thus, in a first vaccination with cow-pox no reaction takes place for three, four or more days, but in a subsequent vaccination, say, in one year after the first, a red areola appears in twenty-four hours, showing that the patient had been previously infected with cow-pox. And so it is with Koch's old tuberculin, if the patient has been previously infected with tuberculosis then tuberculin produces a reaction in twenty-four hours. The method of diagnosing tuberculosis devised by Dr. Latislaus Detre, of Budapest, is still more ingenious. He demonstrated his method on eleven patients from the tuberculosis hospital of Washington, D. C. Dr. Detre inoculates each patient three times; first, with Koch's old tuberculin; second, with a human tuberculin, which he worked out at his own laboratory, and third, with a bovine tuberculin made by a similar process. Now in twenty-four hours the three vaccines or inoculations are examined. If the large areolar appears around the bovine inoculation then the patient has bovine tuberculosis; if the larger areolar appears around the human inoculation then the patient has human tuberculosis or tuberculosis of human origin. If the larger areolar appears around the Koch's inoculation then the patient has chronic tuberculosis. If no reaction occurs then the patient is not tubercular. This demonstration of Dr. Detre seems to me was the greatest achievement brought out at the Congress. Indeed, it created the most interest.

Perhaps nothing created quite as much interest as the question of the identity of human and bovine tuberculosis. Dr. Koch reiterated his statement of 1901, at London. Here are a few of the sentences from his address: "There is no clear evidence that human tuberculosis can produce tuberculosis in the cow." "Bovine tuberculosis is only slightly virile in the human, and when it does infect the human it is through the intestines and glands." "There is no evidence of tuberculosis of the lungs ever having been contracted from bovine tuberculosis."

Dr. Koch had no supporters in the Congress, and any one less eminent than he would have quailed before the onslaught of the world's greatest authority.

Dr. G. Sims Woodhead, of the English Royal Commission, appointed to study the point under discussion, reported a case of tuberculosis in a cow which had been produced by feeding the cow on sputum from a tubercular person. The bureau of animal industry contains many specimens which disproves Dr. Koch's statement, for they have successfully inoculated the heifer and calf with human tuberculosis, and thereby produced tuberculosis in these animals. They have been equally successful with bovine tuberculosis. The Congress was so full of good things that one might write a day, but this letter is already long. Besides drawing the attention of the world to the subject of tuberculosis, its cause and treatment, the Congress showed real progress made in diagnosis and treatment. It is safe to call it the greatest gathering of scientists that America has seen.

Very truly,

A. W. Reddish.

THE OKLAHOMA STATE INSTITUTE OF HOMŒOPATHY.

The Oklahoma State Institute of Homœopathy had a large meeting on October 8th, which was held in Oklahoma City. There was a large number of interesting papers presented, bringing out enthusiastic discussions and lending much encouragement to the outlook for Homœopathy, in that State. Twelve new members were elected, and the report is that there are many young men locating in that State, where, as yet, are to be found many suitable locations. The new Oklahoma law and the standing of Homœopathy was noted in our last issue. Dr. Joseph Hensley, who has done such fine work

legislatively and otherwise, after serving three years as president of the State Society, refused to serve any longer, believing that the responsibilty and honors should not rest in one place too long. Therefore, the new officers elected for the coming year were: President, Dr. D. N. Miller, of Blackwell; Vice-President, Dr. W. M. Hammond, of Lawton; Secretary and Treasurer, Dr. M. E. Ray, of Tecumseh. Dr. Hensley was unanimously elected by a rising vote as honorary president for life, and he assured the members of the society that they have his active support evermore.

For delegates to the American Institute of Homœopathy, Dr. J. Hensley, Dr. M. E. Ray and W. M. Hammond were elected.

For the Legislative Committee, Dr. Hensley, Dr. Cheeseman, Dr. Miller and Dr. Sink were chosen. We are glad to know that in our new State such an excellent society is to be found, and that it is doing such good, energetic work.

NEW JERSEY STATE HOMŒOPATHIC SOCIETY.

The New Jersey State Homœopathic Medical Society held its fifty-fifth semi-annual session at the Hotel Marlborough, Asbury Park, on October 6th and 7th. About sixty members and visitors were in attendance. The business session was called to order on Tuesday morning by President Charles F. Adams, M. D., of Hackensack, and after the invocation by Rev. C. M. Giffen, of Asbury Park, Mr. Wm. H. Bannard, Councilman-at-Large, welcomed the society to the city. Dr. A. W. Atkinson, of Trenton, the third vice-president, responded for the society. The president, in a few words, told of the effort made to bring more homœopathic physicians into membership. About 70 per cent. of the practitioners of the State are members of the State Society. He also recommended that the society have but one meeting place, and appointed a committee to provide for certain changes in the Constitution. The committee, in its report, recommended the following changes, and they will be voted upon at the next regular meeting: That the society shall hold an annual meeting only; that the following bureaus shall be appointed by the president: Materia Medica and Therapeutics, Clinical Medicine and Pathology, Surgery and Gynæcology, Obstertics, Physical Therapeutics, Pædology, Sanitary Science and Public Health, Ophthalmology, Otology and Laryngology, Homœopathy and Drug Proving; that the members shall be considered seniors after twenty-five instead of after thirty years of continuous membership.

Upon recommendation of the Board of Censors the following were elected members: Drs. Henry H. Carr, of Mullica Hill; Wm. T. Hilliard, of Salem; Allan S. Ironside, of Camden; Chester A. Leigh, of Trenton; Robert P. Miller, of Hopewell; Lester H. Sparks, of Lakewood; Howard J. Westney and Maurice D. Youngman, both of Atlantic City. Dr. Royal S. Copeland, of New York, was proposed for honorary membership, and will be voted upon at the next regular meeting. The only honorary member at present, Dr. H. C. Allen, of Chicago, was present at this session.

Dr. John B. Garrison, of New York, of the Committee on Medical Education of the American Institute of Homœopathy, was present, and told of the work of the commitee, and urged all members to send their students to homœopathic colleges. Dr. Rabe reported that at the last meeting of the Institute the representatives of the State Society had pledged $100 for this fund of homœopathic propaganda. The State Society approved this action, and will gvie the $100 to the Institute fund.

The necrologist, Dr. H. F. Datesman, reported the deaths of two members, Dr. E. H. Phillips, of Cape May, a senior, and Dr. James Hoffman, of Jersey City.

At the scientific session the following papers were read and enthusiastically discussed: Sanguinaria in La Grippe, Neuritis and Diseases of the Chest, by Wallace McGeorge, M. D.; Sinapis Nigra, by P. E. Krichbaum; the Care of Mental Cases, by David M. Gardner, M. D.; Conservatism in Surgery, by E. B. Witte, M. D.; Intestinal Obstruction, by Arthur F. Thompson; Asthma as a Nasal Reflex, by C. C. Straugn, M. D.; Headaches of Ocular and Nasal Origin, by W. F. Beggs, and Sewers and Sewage Disposal as Applied to Cities of the Sea Shore, by J. T. Beckwith, of Atlantic City.

On Tuesday evening the Monmouth County Homœopathic Mediçal Society tendered a dinner to the members and friends of the State Society at the Hotel Marlborough. Nearly sixty sat down to the well-spread board. After the dinner Dr. L. E. Hetrick, the efficient chairman of the local committee, presided as toastmaster, and introudced the speakers. Those at the tables heard an unusually fine set of speeches from Drs. J. E. Wilson and Wm. F. Honan, of New York; President Charles F. Adams, M. D., of Hackensack, and Rev. C. M. Giffen, of Asbury Park. In the afternoon a reception was tendered to the members and guests by Dr. Ella P. Upham, of Asbury Park, who was president of the society last year.

The society adjourned on Wednesday, after an unusually good session, to meet at Cape May for the regular annual meeting, on June 3d, 4th and 5th, 1909.

The Library.

BOOK REVIEWS.

Pathogenic Micro-organisms, Including Bacteria and Protozoa.

A Practical Manual for Students, Physicians and Health Officers. By William H. Park, M. D., Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (third) edition, thoroughly revised and much enlarged. Octavo, 648 pages, with 176 illustrations and 5 full-page plates. Cloth, $3.75 net. Lea & Febiger, Philadelphia and New York, 1908.

This is the latest work on the subject of bacteria, three years having elapsed since the last edition of it was published. Subjects such as bacteriology undergo great changes in three years, necessitating

thorough revision and considerable enlargement of books devoted thereto. Considerable space is given to the consideration of opsonins, which is the latest thing in the bacteriological world.

The book seems to us to be a complete treatise on the subject, is a handy volume, is finely illustrated, and one that should serve as a text-book in our colleges, coming from so able an authority as Dr. Park.

Text-Book of Human Physiology.

By George V. N. Dearborn, A. M. (Harv.), Ph. D., M. D. (Col.), Professor of Physiology in the Medical and Dental Schools of Tufts College, Boston. Illustrated with 300 engravings and 9 plates. Lea & Febiger, Philadelphia, and New York, 1908.

This is a new work on physiology written especially for medical and dental students. It seems to us to be a concise presentation of the subject, and it differs from other works in that it emphasizes mechanism of sense organs, nerves and muscles as the basis of the individual's efficiency. Not alone will it be found useful for students of physiology, but also for those of psychology. It is thoroughly illustrated, and some of the illustrations are strikingly apt as aids in presenting the subject.

General Surgery.

By Ehrich Lexer, M. D., Professor of Surgery, University of Konisberg. American edition edited by Arthur Dean Bevan, M. D., Professor and Head of the Department of Surgery, Rush Medical College, Chicago. D. Appleton & Company, New York and London, 1908.

This is a large text-book on surgery, having nearly 1,050 pages. It is a work that probably presents the status of general surgery more thoroughly and completely than any other text-book. Practitioners who are interested in surgery will be able to use this work with interest and profit. The advances in surgery have been so rapid the last few years that even surgeons themselves are scarcely able to keep abreast of this increasing knowledge. For the general practitioner who does occasional surgery much of the book will be quite new. As special chapters we find one on Blastomycosis, one on Blood Examinations in Surgery, and the subjects of Opsonins and the Wright Vaccination Treatment and Crile's Method of Direct Transfusion of Blood are to be noted. The book is well illustrated. In fact, D. Appleton & Company never spare pains to make their works acceptable in every way. Dr. Bevan, the American editor of this work, is to be congratulated on its presentation, and Professor Lexer is to be especially congratulated on having Dr. Bevan as his American editor.

Transactions of the Forty-Ninth Annual Session of the Ohio State Homœopathic Medical Society, 1908.

The prompt issuance of this volume of the Transactions of the Ohio Society is certainly an energetic work of Dr. Staples, the secretary. It comprises the excellent papers presented before the Ohio Society last May, together with the discussions thereon. The Ohio State Homœopathic Society is one of our strongest societies, and the work done therein is always of a high order. Especially active has this society been in securing new members. The president of this session was Dr. J. W. Overpeck, of Hamilton, whose photograph adorns the frontispiece of the volume.

The Cure of Rupture By Paraffin Injections.

By Charles C. Miller, M. D., comprising a description of a method of treatment destined to occupy an important place as a cure for rupture owing to the extreme simplicity of the technic and its advantages from an economic standpoint. Published by the author, 70 State St., Chicago. Prepaid, $1.00.

Press Notice---Studying Boys and Girls.

Professor Wm. A. McKeever, of the Kansas State Agricultural College, at Manhattan, has worked out a plan for the assistance of parents in the home training of the young. To all who are interested and will write and have their names placed on the mailing list there will be sent free a series of bulletins or pamphlets, each treating a particular subject. Prof. McKeever has a number of able assistants who are aiding him in gathering the materials for these pamphlets. Among other things they will interview many parents who are already succeeding in doing one or more of these particular things with children and get the benefits of their knowledge. Finally all the materials will be summarized and printed as above stated. If a farmer has a horse that balks in the harness or a cow that acts queerly and runs off the reservation, he can write to the nearest government experiment station and secure a printed bulletin or a letter on the subject from a high salaried expert, but if the refractory creature chances to be his 16-year-old son or his fledgeling daughter he has no recourse other than to fight the case out alone, assisted perhaps only by a despairing wife. This is not a square deal to the parents, nor is it at all fair to the boy and girl. The first bulletin on home training will be issued soon. Some of those now being prepared are entitled:

1. Teaching the Boy to Save—How to Start a Bank Account.
2. Training Boys and Girls to Work in the Home. (One on each.)
3. Cigarette Smoking Among Boys—Cause, Prevention and Cure.
4. The Home Training Best Suited for Developing Moral Reliance.
5. The Problem of the City or Village Boy's Vacation Period.
6. Finding and Preparing for a Vocation. (One on each sex.)
7. Earning One's Way Through College. (One for each sex).
8. How to Make Rural Life More Attractive to the Young.
9. Training Children in Regard to Their Sex Natures.

10. Problem of the Growing Boy's or Girl's Society. (One on each.)

Whooping-Cough Cured With Coqueluchin.

Its Homœopathic Nosode. By John H. Clarke, M. D. 90 pages. Cloth, 2s., net. Postage, 2d., extra (America and Canada, 54 cents, post-free).—The Homœopathic Publishing Co., 12, Warwick Lane, London, E. C.

This is another book on the treatment of diseases by a diseased product. It is somewhat difficult to determine the difference between many of these preparations. It seems but a short time ago we reviewed a book on the treatment of whooping-cough by Pertussin by the same author. Possibly Pertussin is the same thing, in fact, the author says it is and that the name Coqueluchin was adopted from the French, this being the second edition of the book we referred to. It consists of a report of many cases treated by the remedy which have seemed to be successful.

The Baby, Its Care and Development.

By Le Grand Kerr, M. D. Albert T. Huntington, Brooklyn, N. Y.

This little book serves as a guide to mothers in the rearing of young children. It gives many valuable hints and the arranging of the data under chapters which take in the earlier months of a child's life is certainly an ingenious way of presenting the subject. It seems to us to be a work that will fulfill a helpful purpose.

The Lesser Writings

Of C. M. F. von Boenninghausen. Compiled by Thomas Lindsley Bradford, M. D., author of "Life of Hahnemann," "Homœopathic Bibliography," "Index of Provings," "Pioneers of Homœopathy," etc., etc. Translated from the original German by Professor L. F. Tafel. 350 pages. 8vo. Cloth, $1.50. Postage, 15 cents. Philadelphia: Boericke & Tafel. 1908.

Dr. Bradford has done for the veteran, von Boenninghausen, what Dudgeon did for Hahnemann, i. e., collect his "lesser writings." The title doesn't seem to be a very good one, yet, if the thing be studied, it would be difficult to find one that better fitted the character of the book. The writings all appeared at different times in various journals of the day and few, if any, excepting the repertory, "Sides of the body," have ever before been translated. The question may arise with some, "Were they worth translating and preserving?" Emphatically, yes! Not alone for their intrinsic worth, but for their historic value. No one can be a truly broadminded man and have a comprehensive grasp of any subject unless he knows its history, and herein lies the (little appreciated) value of the work Bradford has done for Homœopathy in his numerous books, like the Life of Hahnemann, The Pioneers and others. If you meet a man you judge him solely from what you see of him, and hear from him, but if, before the meeting, you have learned of his past life and history he must necessarily appear to you in a different light and you can form a more accurate judgment. Who has not passed through town after town and all seemed to be somewhat the same, but let one, the theatre of some great historic event, appear in your travels and how it stands out distinct from the others, which, yet may be far more "enterprising." And the event itself, does it not take on a new and more vivid reality? And so it is with an art, or science, like Homœopathy, that one is to make his life's work, too much cannot be learned of its history; the more you learn the more significance things take on and the fuller and steadier your grasp on your life's works.

Entirely aside from its historic value, the book also possesses a practical value on the same lines as Jahr's Forty-Years Practice, one that many practitioners aver that gives them more valuable "pointers" than any homœopathic book published. Yes, these Lesser Writings are worth owning and reading, for they are full of things that the Homœopath is the richer for knowing. It belongs to that class of books one can tuck away in the comfortable assurance that he need not fear that his copy will be replaced by a later edition for its author's pen was laid aside many years ago, and what he wrote must remain unchanged and whether perishable or permanent, time only can reveal.

The Principles of Pathology. Volume I., General Pathology.

By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, Montreal. Octavo, 948 pages, with 322 engravings and 16 plates. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1908.

This is a new work on Pathology, by Professor Adami, of McGill University, who is a well-known authority on the subject. Prof. Adami has a universal reputation and it has become, in this country, quite the thing to go to Montreal for a course under him, as it formerly was to go to Vienna and Berlin to attend the great masters in this branch.

Volume 1 consists of about 950 pages which is devoted to general morbid conditions and tissue changes, General Pathology, so to speak. Volume 2 which follows it is to be devoted to Systemic Pathology. There is no doubt that these two volumes will represent the very latest there is on the subject and the physicians possessing them will be as much up to date as possible in the science. There is no study that changes so frequently as Pathology so no doubt the Pathology of 1908 will change and in 1910 this book will need revision.

We, as homœopathic physicians, have had to smile somewhat at the everchanging theories of Pathology. We were told by those calling themselves "Regulars," some forty years ago, that prescriptions should be based on Pathology rather than on the symtomatic method of our schools. Had we followed their advice we would have had to change our treatment of disease as often as the

varying theories of Pathology had appeared. It would be very interesting to compare these volumes of Pathology which represent the latest with the volumes of twenty years ago. It is presumed that the subject has advanced and we hope it has.

We can recommend these works of Prof. Adami, as they represent the best there is in the allopathic school to-day.

The Ready-Reference Hand-Book of Diseases of the Skin.

By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth edition. 12mo., 737 pages, with 99 engravings and 4 plates, in colors, and monochrome. Cloth, $3.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1908.

This is the sixth edition of the well-known work on skin disease, by Dr. Jackson. The book has been increased considerably in size, new matter incorporated, new photographs and micro-photographs have been added and in all probability the edition will have the same success that the five editions preceding it have had.

Pulmonary Tuberculosis and Its Complications.

By Sherman G. Bonney, A. M., M. D., Denver, Colorado. W. B. Saunders Co., Philadelphia and London. 1908.

This work treats of the subject quite exhaustively, from one who has had an extensive experience in the treatment of the disease. It is essentially devoted to the clinical aspects of pulmonary tuberculosis and this makes it especially valuable. The author introduces a chapter on what he terms vaccine therapy with an apology; this is getting pretty close to Homœopathy, and all good allopaths must tread softly on this ground, and the author is no exception. He finds vaccine therapy of undoubted efficacy in some cases, that aggravations are possible (see Hahnemann's Organon, published in 1810), that clinical study should determine size and question of dose (see Organon again) and other points rather similar than contrary to our doctrine. Dr. Bonney's work is a valuable one and we hope will have a large sale.

Medical Gynæcology.

W. B. Saunders Co., Philadelphia and London. 1908.

This is a true practitioner's gynæcology, written, planned and illustrated for him. It deals especially with the non-operative side of gynæcology, at the same time telling how to recognize those cases requiring operative treatment which is viewed as a last resort

Such a work can be but most valuable to the practitioners of the homœopathic school, for, from their knowledge of homœopathic materia medica, and therapeutics of diseases of women, they can add this valuable asset to the general therapeutic measures of this work and be all the better prepared to treat them. We believe if Prof. Bandler knew the value of Lillium tigrinum, Sepia, Helonias and other of our remedies, he would not have omitted them, but, if he does know of these remedies, or has tried them, he has probably tried them on allopathic grounds and one cannot apply Homœopathy, allopathically.

Department of Neurology, Harvard Medical School.

Contributions from the Massachusetts General Hospital, the Boston City Hospital, the Long Island Hospital, and the Neurological Laboratory. Vol. III. Boston, Mass. 1908.

In a little less than one hundred pages, are given ten valuable papers, contributions to the literature concerning the work of the neurologist. Not only to him is this book of value, but it is concerning such subjects as will interest the surgeon, the obstetrician, and even the lawyer. All of the contributors are members of the faculty at Harvard Medical School, and that speaks for the thoroughness of consideration.

The subjects discussed are psychasthenia, the psycho-therapeutic movement, medical expert testimony, heredity in epilepsy, and others just as important and interesting. These books are of such value that they should be at the right hand of every progressive physician.

A Clinical Materia Medica.

A course of lectures delivered at Hahnemann Medical College of Philadelphia, by the late E. A. Farrington, M. D. Reported phonographically by Clarence Bartlett, M. D. With a memorial sketch of the author by Aug. Korndœrfer, M. D. Fourth edition, revised and enlarged by Harvey Farrington, M. D. 826 pages. 8vo. Cloth, $6.00, net; half morocco, $7.00, net; postage, 40 cents. Philadelphia: Boericke & Tafel, 1908.

This well known and ever popular work appears now in the fourth edition, with revision and enlargement by Dr. Harvey Farrington, the son of the lamented author. It is, and will doubtless ever remain, the great student's text-book of materia medica. We regard it as our best work to learn materia medica from. The narrative form is superior for the student to learn the genius of drugs to the symptomatologic form. It maintains the interest and clothes the subject in something that is tangible. It lends much value to the study to have symptoms explained and discussed, and nowhere is this better done than in this materia medica.

Gynæcology and Abdominal Surgery.

In two large octavos. Volume II. Edited by Howard A. Kelly, M. D., Professor of Gynæcologic Surgery at Johns Hopkins University; and Charles P. Noble, M. D., Clinical Professor of Gynæcology at the Woman's Medical College, Philadelphia. Large octavo volume of 862 pages, with 475 original illustrations, by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London: W. B.

Saunders Company, 1908. Per volume, cloth, $8.00, net; half Morocco, $9.50, net.

This is the second volume of this great work by Kelley, thus completing the set and making the two volumes the great exponent of this great subject. There is, probably, no work on abdominal surgery printed that is as complete as this one and as modern. The authors, or contributors, represent the very best that there is in medicine on the subject, nearly all of them being teachers in our best medical schools.

The second volume is devoted especially to abdominal surgery, embracing that of the gall bladder, stomach, intestines, pancreas and spleen, as well as that of the kidneys. It is almost a work of supererogation to commend a volume of this kind and especially of its completeness.

It is beautifully printed, finely illustrated and is issued in the inimitable style of the well-known publishing house of the W. B. Saunders Company. We cannot see how any surgeon's library can be complete without the volume.

Obstetrics for Nurses.

By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition. 12mo. of 512 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, $2.50, net.

This is the third edition of the standard work for nurses on the subject. This edition has been changed but slightly. Illustrations have been improved, some new ones added. Bier's congestion treatment for mastitis is described and other minor improvements made. It is a most useful work for nurses.

Diseases of the Skin and the Eruptive Fevers.

By Jay Frank Schamberg, M. D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Octavo of 534 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, $3.00, net.

This is a new work on diseases of the skin and eruptive fevers, the subjects being presented in a brief and practical manner, special attention being devoted to symptomatology, diagnosis, and treatment. The concise way in which the subjects are treated will make the book of especial value to the student, he thereby avoiding long, theoretical description for which, in his college course, at least, time is wanting.

The illustrations are in the highest style of the photographic art and are microscopic. Especially is this so in the illustrations of the eruptive fevers such as scarlet fever and measles. One could almost diagnose cases by the illustrations alone. The volume is one that we believe will appeal to all who see it.

A Text-Book of Operative Surgery.

Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar. M., M. D. Visiting Surgeon to Charity and Touro Hospitals, New Orleans. Octavo of 1,206 pages, with 854 illustrations, entirely original. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, $6.50, net. Half Morocco, $8.00, net.

This work, which has ever been a popular one, now appears on our table in its third edition. It has been improved by the addition of the description of over a hundred operations. Some old operations have been dropped and illustrations to the number of almost three hundred have been added. The usefulnes of the work is thus materially enhanced and it represents the best and latest on the subject of operative surgery. As surgery, especially in its mechanical parts, is a subject common to all schools, we can commend it to the members of our profession throughout the country.

A Text-Book of Diseases of Women.

By Chas. B. Penrose, M. D., Ph. D., formerly Professor of Gynecology in the University of Pennsylvania. Sixth Revised Edition Octavo of 550 pages, with 225 original illustrations. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, $3.75, net. Half Morocco, $5.25, net.

This work of Penrose needs no eulogism from the reviewer. The fact that it has passed through six editions is a sufficient guarantee of its usefulness and popularity. The present volume only contains those changes that have been rendered necessary by the increase of knowledge in this branch. It is essentially a text-book on the subject and one that we believe will ever remain so.

On October 2 the Alpha Sigma Fraternity gave an alumni dinner in honor of Dr. Copeland. Faculty members of the fraternity were present and each made short addresses. It was announced at the dinner that Alpha Sigma had acquuired a new chapter house to serve as a permanent home for Alpha Chapter. The value of the property is $13,000.00. The Dean made a brief address in which he outlined the policy of the administration for the coming year. The college had its formal opening on the evening of October 6. Students, members of the faculty and invited guests were present. After an address by the new Dean the evening was spent in forming new acquaintances and renewing old ones. Much enthusiasm was expressed and all seemed confident that the college had entered upon a new era of prosperity.

On the afternoon of October 9 the various classes of the college had the pleasure of listening to Dr. H. C. Allen, who, in an impromptu address, delightfully entertained his hearers with a recital of some of his experiences in practicing Homœopathy, and urged all to become members of the "Simon Pure" variety.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Subscription, Two Dollars Per Annum.

NOVEMBER 1, 1908

Editorial.

WEEKLY, SEMI-MONTHLY OR MONTHLY.

The American Institute of Homœopathy ordered at the Kansas City meeting the publication of a journal to be known as the Journal of the American Institute of Homœopathy. The said journal was to be a weekly of 48 pages of literary matter, and the whole matter was placed in the hands of the Journal Committee, with certain instructions to be carried out.

The history of the journal proposition in the Institute dates back a number of years. It was first mentioned by Dr. B. F. Bailey in 1899 in his president's address. Herein he advocated the publication of a journal and the benefits that it would produce in keeping the Institute closely in touch with the profession. The Committee on President's Address, of which the editor of the Medical Century was chairman, reported that the recommendation of President Bailey was worthy of careful consideration, and urged that a committee of five be appointed by the president to investigate the matter and report at the next session. Dr. Charles Mohr, of Philadelphia, was appointed chairman of the committee and the report was made at a following meeting, asking for more time, and the matter seems to have been dropped thereafter. President Royal, in 1905, made an energetic and strong appeal for a journal, and a committee was appointed to investigate the matter which reported in 1906, giving estimates, etc., for a *monthly* periodical, which was agreed to by four out of five of the committee. That these estimates were for a *monthly* is apparent, for the amount allowed for printing same, viz., $3,000 per year.

President Greene, in his address in 1906, states: "If money that is yearly expended for transactions alone were invested in material for the publishing of a *monthly* journal, etc." And the committee on his address endorsed his recommendations as to the journal.

President Hooker, in his address in 1907, spoke of and advocated a *monthly* journal, together with a smaller volume containing reports of business sessions, etc.

Thus it would seem established that even among those who most warmly supported the journal that a *monthly* was always in mind, and we recall distinctly that in all discussions the words "publication of the transactions in monthly installments" were frequently used.

At Kansas City, however, in the air of enthusiasm, which ran high, the weekly proposition came and was adopted, adopted in an automatic way, for those who voted therefor had not given the matter serious thought further than to leave the matter in the hands of the Journal Committee for solution.

Had investigation been made, it would have been seen that a weekly journal was impracticable from two standpoints, financial and especially editorial. Close figures show that it would be a financial impossibility to print and mail the number required for the amount the Institute would pay, even if the most liberal figures and glowing possibilities for advertising were allowed. It simply could not be done.

The editorial difficulties were even greater. Accepting the form and size desired by the committee, each page would contain about 1,000 words, and 48 pages, at 1,000 words, 52 times a year, would amount to some 2,500,000 words. The Volume of Transactions all complete for 1907 contained about 500,000 words. Now then, to publish this weekly periodical of 48 pages, the editor, who was to receive $3,000 a year, must furnish 2,000,000 words, equal to four more volumes of the Transactions for 1907, or something like 40,000 words a week, which means 40 pages, since the whole amount of Institute material can be put in 8 pages, printed 52 times a year, or very closely thereto. The editor, at $3,000 per year, would not only have to hustle himself to procure this material, but would have to pay his whole salary and more, too, to get it.

As to a semi-monthly, these figures might be halved. Financially, there would probably be neither loss nor gain, but the publisher undertaking the proposition would be out his entire endeavors for, at least, three years before he would get a fair return for his pains. In other words, there is not enough financially to make it attractive for any publisher. Editorially, the difficulty is again great and no one man could do it without assistance, and that would have to be paid for. Those of us who publish a monthly periodical realize only too well the pace of time, how rapidly the months pass, the

difficulty of getting articles, the proof, the make-up, the editorials, etc. Considering that with a semi-monthly, the whole material of the Institute could be published in 9 or 10 issues, leaving 16 or 17 issues to be filled with other matter, it has not seemed to us either feasible or practical.

We believe that the monthly periodical remains then as the only solution, and that by the establishment of such by the American Institute the benefits that are to accrue from its publication will be fully as far reaching as those from a weekly or semi-monthly, even were they practicable. Especially is this true when we consider that the Publication Committee is to issue a small volume which will contain the business sessions of the meetings and the report of the Bureau of Organization, Registration and Statistics, thus maintaining the valuable part of the transactions in a handy form for ready reference, which would contain material which is not at all suited to a periodical publication.

The Journal Committee has had many propositions laid before it, and just as we go to press a meeting is being held in the city of Cleveland in conjunction with the Executive Committee of the Institute to solve the question.

ESCAPING THE PENALTY.

It is human nature to want to escape a penalty for wrong doing. To every man will come visions of boyhood days and the multitude of excuses he could furnish why he should be "let off this time" when facing the stern parental visage, made stern by the discovery of mischief done or contemplated. If we are so loth to suffer for our own sins, we are much more determined that we will not suffer for the sins of others, and that is why we rebel at the sentence of the Scripture, "The sins of the father shall be visited upon the son even to the third and fourth generation," as near as we can say it without our Bible for reference.

All this came to mind when we saw an article written by Dr. Albert E. Hinsdale, late of Pontiac, Michigan, but now of the faculty of the New York Homœopathic Medical College, in the Department of Chemistry. The aforesaid article was read before the Michigan State Society at its recent meeting and was published in the September number of the Medical Century. Its title is "Treatment During Pre-Natal Life."

Now, you see why we were Biblically turned when we read the title. If it is possible to treat the unborn child, why should it not be possible to prevent the development of the "sins of the father" in the son—or daughter either, for that matter. And, of course, by sins we mean diseases to which flesh is heir. And, by the same token, why should flesh be forced to take up its heritage? Why should not the treatment to be hereinafter mentioned so lock up the germs, or microbes, or disease-tendencies of whatever kind they may be, so lock 'em up that all the burglars and locksmiths in Christendom shall be powerless to lose them? If we can treat the mother before she conceives, and we can, if she will let us, and if we can treat both her and her products of conception, and Dr. Hinsdale says we can, what other use have we for doctors except to use the knife?

That drugs do have an effect through the mother upon the fœtus and through the fœtus upon the mother cannot be gainsaid, as the essayist quite plainly proves. "Such substances as Lead, Arsenic and Phosphorus pass through the placenta and by absorption thoroughly affect the fœtus. One of the actions of Phosphorus is to produce fatty degeneration of both the maternal and fœtal liver." There can be not the least doubt about this being true. Some drugs have been found to be stopped by the placenta, but not many. "There is no rule that may be laid down as to what drug or chemical poisons will and will not, if taken by the mother affect the child." The natural response to this remark is, "If there is no rule, find one, and the quicker the better." There have been a number of things found along this line. One is that the fœtus resists action of some drugs or poisons longer than the mother and conversely it has been proven that the mother resists the action of some drugs more than the fœtus. So that this part of the proposition is merely experimental in its nature. Find out what drugs affect the mother, what the fœtus, how much, how long, to what extent and when they are eliminated. Then you have a basis upon which you may treat the expectant mother and her babe *in utero*. And when you get this far, do as the author suggests, treats both *homœopathically*. It's by this method that you will produce real and lasting effects.

Dr. Hinsdale gives a rule of practice which we quote *verbatim*: When administering medicine to a pregnant woman think three times beforehand, twice in the interest of the child and once in the interest of the mother.

Poisons affecting the unborn child are of two classes, those which are auto-toxins, and drugs. Among the first are the products of specific and infectious diseases and prominent among the latter are alcohol and lead. It is perfectly fair to assume that as the fœtus absorbs drugs in poisonous quantities the same drugs given in remedial doses will affect it. The question comes up, how are we to know the tissues which are likely to be deficient or in what way disease effects are to show on the fœtus? "We can deal only with probabilities." Lack of proper physical condition on the part of the mother, calls for dietetic and hygienic treatment.

"There are certain diseases or dyscrasias that may appertain to the mother or her direct family, as rachitis, 'general debility,' nervous excitement, general erythism, syphilis, tuberculosis, marasmus

and congenital deformities that are not only personal but transmissible traits which we are often forced to reckon with after birth and which we often foretell. Is it not reasonable, then, to administer to the mother such delicate, though efficient remedies as our beneficial system provides us?"

Yes, it is, and Hahnemann taught us that a hundred years ago and the essayist is right when he says that plenty of men in our school are working along that hypothesis and doing untold good in bettering the condition of the human race.

The homœopathic physician should never lose sight of the fact that he possesses a power for good far exceeding that at the call of the practitioner of any other school of medicine. Hahnemann in his Chronic Diseases, takes up this question and discusses it in a way that can leave no doubt in the mind of the reader as to the correctness of his claims. And, as we have said, thousands of healthy children born of diseased and defective parents will testify to the marvelous efficacy of homœopathic medication.

Right here comes to mind the statement made by that acute observer, Dr. J. T. O'Connor. He said that he had found in his dispensary work as well as in his private practice, children who were born of parents who had been under homœopathic treatment were less generally susceptible to disease than those who had been reared under old school supervision. H.

EDITORIAL BREVITIES.

A European Summer School of Homœopathy.

Dr. B. S. Arnulphy, of Nice, who is well known to American Homœopathy, having formerly resided in Chicago, holding a chair in Hahnemann College of that city, has communicated to us a plan for holding during the month of August a Summer School of Homœopathy.

The place selected for this purpose is Lausanne, Switzerland, than which no more central or beautiful spot could be chosen. Situated on the northern shore of Lake Geneva, whose historical waters are easily crossed from Geneva, recalling Byron's beautiful lines:

"Lake Leman lies by Chillon's walls."

Lausanne is a quiet, dignified, scientific city, the authorities of which are sympathetic to our cause. Dr. Nebel, of this city, is associated with Dr. Arnulphy in this scheme.

There is a large number of cultured travellers passing constantly through Lausanne all summer. Here it is proposed to start an aggressive campaign, to proclaim once more to the world our principles and to defend them. Lectures are to be given upon the practice and principles of our school by eminent practitioners from all parts of the world.

Already there have responded to the call of Drs. Arnulphy and Nebel practitioners from France, Germany, Italy, Switzerland, Belgium, Austria and Russia. No doubt that among the large number of American Homœopaths who visit Europe annually there would be many who would be glad to pass a few days at Lausanne to help this work along. Lectures are to be given in any language, translators being always at hand.

We believe this plan an excellent one, and when it is worked out in detail and perfected we will again present it to our readers. If Drs. Arnulphy and Nebel can secure an audience there will be plenty of help from all over the world.

Editor's Table.

GENERAL NOTES.

The Southwestern Homœopathic College, at Louisville, has been adding to its electrical equipment and various other improvements have been made. A new room has been fitted up for a library; text-books, journals, models and charts have been secured. This is a feature that is desirable, and students will appreciate the same.

The Council of Medical Education has re-issued the three essays of the Medical Century prize competition, separately. They are known as Publications 1, 2 and 3, and are entitled, Why Students of Medicine Should Select the Homœopathic School. These can be had for distribution by applying to any member of the Council.

The Homœopathic Free Clinic, of New Orleans, has removed from its location at Canal and Franklin to more commodious quarters at No. 1224 N. Claiborne. The clinic will be open daily except Sunday, from 8 to 11, including a special eye, ear, nose and throat clinic. There will be seven physicians in attendance. Dr. R. S. Moth will be resident physician.

Dr. H. H. Wiggers has removed his office to the Mercantile Library Building, Cincinnati.

Dr. C. E. Fisher called on the editor of the Medical Century recently. The doctor is at present with his son, at Excelsior, Minnesota, having recently returned from a trip to Alaska.

Dr. W. B. Hinsdale, of Ann Arbor, visited the Tuberculosis Congress, at Washington, and spent some time in Philadelphia and New York, attending medical clinics.

The American Institute of Homœopathy was incorporated in the District of Columbia on October 14, and the incorporation papers recorded in the proper manner, as prescribed by law.

The Maryland Homœopathic Society held its semi-annual meeting in Baltimore on October 21; an interesting programme was presented.

Dr. R. E. Case, after spending some months in the Montreal Homœopathic Hospital, has gone to the Cleveland, Ohio, City Hospital (homœopathic service) as interne.

The Annual Dinner of the Ward's Island Metropolitan Hospital Alumni Association will be held at Shanley's Restaurant, Broadway and 42d St., on November 11, 1908. A good chance to meet

the "boys" and talk over the past and plan for the future.

Several good towns in Maryland are in need of a homœopathic physician, these are Annapolis, Salisbury, Belair and Tomson, and there are others also.

Dr. B. C. Catlin, the energetic secretary of the Maryland State Homœopathic Society, issued a creditable bulletin of that society on the occasion of its semi-annual meeting last month. It was full of useful information and gave us lots of ideas.

Dr. J. S. Barnard has removed from Baltimore, Md., to Rochester, N. Y.

Dr. Henry Chandlee, of Baltimore, is one on whom the years sit lightly. We were a co-committee man of his some fifteen years ago, and he is the same good stalwart Homœopathist as ever.

Drs. Cole, Garrison, Mifflin, Drain, Dean, Thomas, Price, Catlin and Wanstall, of Baltimore, were assiduous attendants at the Maryland State Homœopathic Society.

Dr. E. O. Adams, Cleveland, Ohio, Professor of Diseases of the Alimentary Tract, Cleveland Homœopathic Medical College, has returned from an extensive tour covering all the great centres of medical learning in Europe. He, of course, paid an especial attention to his specialty, getting all the most recent information on the subject. Dr. Adams has removed his office to suite 666 and 668 Rose Building, here he has associated with himself Dr. W. H. Loomis.

Dr. James C. Wood, Cleveland, had the honor of holding the first clinic in the beautiful, new hospital, at Elyria, Ohio. Dr. Wood and his assistants, Drs. Gray and Salisbury, operated on a very difficult laparotomy case, much to the edification of the Elyria physicians, who were invited to witness the operation. Prominent on the hospital staff are Dr. C. H. Cushing, '95, and Dr. Geo. D. Nicholas, '01, Cleveland Homœopathic College. They both are "making good," both in their practice and in the standing they have in the community.

Dr. J. B. Woodworth, formerly of Cleveland, O., has removed to Bloomington, Ohio.

Dr. H. H. Wiggers, Cincinnati, Ohio, announces the removal of his office to 511 Mercantile Library Building, Walnut Street, between Fourth and Fifth Streets. Dr. Wiggers gives special attention to general surgery and diseases of women. He holds the chair of general surgery in Pulte College.

The Dayton, Ohio, Homœopathic Medical Society comes out with a very neat folder giving the programme for the year. The president of the society is Dr. E. B. Doan; vice-president, Dr. H. E. Palmer; secretary and treasurer, Dr. J. D. Wonder. The programme is as follows:

1908. September 14, Crusey's, "Social Evening." September 28, Dr. Frank Webster, "The Care and Treatment of Mother and Child After Labor;" Dr. W. J. Blackburn, "Chelidonium and Chionanthus." October 12, Dr. Howard Webster, "Food and Its Relation to Disease;" Dr. H. W. Dickinson, "Pulsatilla and Mezereum." October 26, Dr. J. E. Welliver, "Tumors of the Breast and Their Treatment;" Dr. E. B. Doan, "Echinacea and Crategus." November 9, Dr. H. S. Wetzel, "Eczema;" Dr. W. W. Ensey, "Trillium." November 23, Dr. J. M. Wine, "Practical Examinations of Milk;" Dr. Curtiss Ginn, "Hypericum, Staphisagria, Arnica." December 7, Dr. J. D. Wonder, "Angina Pectoris;" Dr. H. J. Guy, "The Ammoniums." December 21, Dr. W. J. Blackburn, "The Opsonic Theory and Therapy;" Dr. I. J. Herr, "The Antimoniums." 1909. January 4, Dr. H. W. Dickinson, "Suppurative Otitis Media;" Dr. H. H. Herman, "The Kalis." January 18, Dr. E. B. Doan, "Suggestive Therapeutics;" Dr. T. A. Laughlin, "The Natrums." February 1, Dr. W. W. Ensey, "Pneumonia;" Dr. T. A. McCann, "Milk and Milk Modifications." February 15, Dr. Curtiss Ginn, "Exophthalmic Goitre;" Dr. Frank Littell, "Ignatia." March 1, Dr. H. J. Guy, "Arterio-Sclerosis;" Dr. G. W. Miller, "Chininum Arseniate." March 15, Dr. H. H. Herman, "Treatment of Burns and Varicose Ulcers;" Dr. J. D. Miller, "The Nerve Symptoms of Belladonna, Stramonium and Hyoscyamus." March 29, Dr. I. J. Herr, "Toxins and Antitoxins;" Dr. Frank Murphy, "The Halogens." April 12, Dr. T. A. Laughlin, "Sunlight and Disease;" Dr. A. S. B. Nellis, "Ergot." April 26, Dr. Frank Littell, "Tie. douloureux;" Dr. H. E. Palmer, "The Future of Homœopathy." May 10, Dr. T. A. McCann, "Parental Influences and Heredity;" Dr. Chas. E. Shawen, "Lycopodium." May 24, Dr. Geo. W. Miller, "Dietetics of Nephritis and Diabetes;" Dr. Frank Webster, "Hydrastis and Calendula." June 7, Dr. J. D. Miller, "Chemistry of Food." Election of officers.

Dr. Clement I. Harpster, Cleveland Homœopathic Medical College, 1908, announces that he has established offices at 866 and 868 Rose Building, Cleveland, Ohio. The doctor is doing a general practice.

The homœopathic staff of the Cleveland City Hospital, has recently been allowed an extra interne, making the number on duty three. This is a very decided advantage to the staff and shows that the city authorities appreciate the conscientious efforts made by the staff to take all possible care of the patients given in their care. The college has its classes over regularly each week for clinics and bedside work, both of which methods of instruction are very much appreciated by the students.

Dr. H. F. Biggar, Cleveland, Ohio, entertained at dinner the members of the various committees upon the occasion of their recent meeting with the officers of the American Institute of Homœopathy.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, OHIO.

Pulte College opened September 30th. Addresses were made by Professors Walton and Buck.

The attendance is a little larger than it has been the past two or three years. It is gratifying to note that there seems to be an increase in the number of homœopathic students throughout the country.

The greatest problem Homœopathy has to face now is the increase in the number of students. Organization of societies is essential, but increase in

number of graduates is absolutely necessary. If the number of recruits does not keep pace with the death and disability list, what is the answer?

The profession at large has too long entertained the idea that colleges were being run as side shows for the glory and pecuniary advantage of the faculties. Would that some of the disgruntled brethren might serve a few years' apprenticeship as a member of some medical college faculty. Can anyone estimate, for instance, the discouragements faced, the time, money and hard labor spent by Dr. J. D. Buck in his forty-two years of college teaching? Niney-nine out of every hundred of the fault-finding critics in the profession would long since have fallen by the wayside exhausted and disheartened. If the colleges lack in efficiency then it is as much the duty of the profession, in general, as the faculties to make them better. The perpetuation of Homœopathy must come through the colleges. All together! Boost!

Dr. W. F. Reilly, professor of rhinology and laryngology, is building a home at Ft. Mitchell in the Kentucky Highlands, and expects to soon occupy a very magnificent suite of offices at 19 West Seventh, on this side the river.

Mr. H. H. Wiggers, Sr., died recently. Mr. Wiggers was a member of the Board of Trustees of Pulte College. He was president of the City Hall Bank, and was an esteemed citizen. He was the father of our Drs. H. H. and E. S. Wiggers.

The Lyceum, our local medical society, will be under the guidance of Dr. W. H. Smith, the ensuing winter. The first meeting was held at the college the evening of October 14th, with the following program:

Surgical Diseases of the Kidneys, Dr. Chas. E. Walton.

Treatment of Cystitis, Dr. Chas. E. Geiser.

A Kidney Case, Dr. Florence M. Pollock.

Dr. J. R. McCleary took a month for his "annual" down on the Atlantic coast.

Drs. R. G. Reed and J. A. Davis went fishing in Canada.

Dr. and Mrs. C. D. Crank summered at Nantucket.

Dr. H. H. Wiggers announces the removal of his office from 529 Armory avenue, to the Mercantile Library Building, and that he takes up general surgery and diseases of women.

Bethesda Hospital has just received another magnificent gift. Mr. Kolbe, who died recently, willed the hospital some fine residence property.

Dr. and Mrs. C. A. Pauly spent their vacation on the great lakes.

Dr. H. G. Schell and bride are now residents of Walnut Hills,

Dr. S. R. Geiser and family spent the summer on the Pacific coast.

Dr. C. N. Cooper says he took a bath or two this summer at Old Point Comfort.

Dr. F. W. Fishback and family boated and fished at Clark's Lake.

We don't know who wrote the editorial in the October Century, "Heredity Versus Contagion and Imitation," in which Dr. Smith, of Montreal, explodes the theory of heredity. To our humble way of thinking this particular Smith and all the numerous members of that prolific family might explode and heredity still continue for all time to come as it has in all times past to play a vital part in the shape and make-up of man.

ST. LOUIS NOTES.

BY SCOTT PARSONS, M. D., ST. LOUIS, MO.

Matters professional are waking up again after the summer lethargy, the M. D.'s have returned to their offices looking much refreshed from their outings. The college has launched upon its 51st year and promises to be successful. The clinics are in full blast; the Medical Society meetings resumed; and the influx of medicos brings us to the realization that summer with its sunshine pleasantries and recreations is a thing of the past, and one must lay aside golf, base ball, fishing, hunting and travel, and again delve into the science of growth, development, disease, repair and decay.

The Alumni Association of the St. Louis Children's Hospital held its first fall meeting at the residence of Dr. C. J. Luyties.

It is reported that the Christian Hospital is to occupy the building now known as the Christian Orphans' Home, the latter institution to be installed in a new building now under construction. The Orphans' Home building will be remodelled, enlarged and modernized in every respect and the accessibility of the new site should increase its popularity. St. Louis never has had a modern, thoroughly equipped Homœopathic General Hospital, and there is a crying need in this community of 700,000 souls, for such an institution. Our hopes are centered on the Christian Hospital project, which, of the many started, appears to bear promise of a brilliant and successful future. The Homœopaths of St. Louis for years have been dependent upon the hospitals of our brethren, and, whereas, we have been accorded every courtesy, we are tolerated under suffrance, therefore, the upbuilding of a creditable hospital of our own school is devoutly wished for.

Dr. R. Y. Henry recently sustained a fracture of the arm, by being thrown from his automobile. It seems the doctor was going two directions at the same time, which can only be accomplished by "skidding." The centrifugation forced the Doctor to give up automobiling for aviation, but being unfamiliar with aeronautics, and finding nothing to hold on to, descended more or less rapidly and without thought of location. He came down ala *Wright*, but landed all wrong, consequently, is nursing a fractured arm, the automobile, however, was not injured

Dr. F. W. Grundmann, who has recently recovered from the dreaded disease, lockjaw, which he contracted as the result of a cut on the knee, caused by a fall from a street car, gives an interesting account of how he followed the symptoms from the first indications. About a week after the accident, when the knee was all healed, he noticed that he had a slight fever and that the muscles of his neck pained and were contracted, Spasmodic

jerkings of the limbs followed, and soon the muscles of the jaws began slowly to contract. He claims to have exerted his will power to control the contractions until his physician administered the antitetanic serum. The jaws continued to lock, but finally yielded and the doctor lives to tell the story.

The 1908-9 announcement of the American Medical College (Eclectic) gives the name of Dr. G. H. Seidlitz as professor of the O. and O. The doctor is also professor of O. and O. in the Homœopathic Medical College of Missouri. "That's going some." O! O!

Dr. G. A. Mellies, recently appointed Professor Physical Diagnosis at Homœopathic Medical College of Missouri, is preparing a thorough course for his classes, in didactic, illustrative and chemical work. Dr. Mellies is a worker and we congratulate the college on their choice.

MINNESOTA MENTION.

BY HENRY C. ALDRICH, MINNEAPOLIS, MINN.

The opening address of the College of Homœopathic Medicine and Surgery of the Minnesota University, was delivered by Dr. Benjamin F. Bailey, of Lincoln, Nebraska, on the evening of September 16th, in Minneapolis before an audience of about 200, who were gathered about the tables at a banquet given in honor of the occasion by the Faculty and friends of the college. Dr. Bailey's address was magnificent and strong, showing the needs of Homœopathy.

Dr. Jordan, first assistant physician in the State Insane Hospital, at Westboro, Mass., was in Minneapolis in September, and attended the opening address of the College of Homœopathic Medicine and Surgery.

Dr. G. E. Renner has located at Northville, North Dakota, having removed there from Aberdeen, North Dakota.

Dr. Arthur Peake, of Valley City, North Dakota, was married on August 28th, at Fond du Lac, Wisconsin, to a fellow practitioner of Valley City whose name we are unable to ascertain.

Dr. A. G. Moffatt, of Howard Lake, Minn., is in the West, and in his absence Dr. Hugh Beals is caring for his practice. Dr. Beals expects to be associated with Drs. Cobb and Abrens, of Merriam Park, after Dr. Moffatt's return. Dr. Beals is a recent graduate of Hahnemann College of Chicago, and was an interne at the Streeter Hospital in that city.

Dr. A. H. Waterman, a former Minneapolitan, was recently in that city just prior to his return to London, England, where he has a responsible position in a sanatorium for the treatment of nervous diseases and the liquor and drug habits.

Dr. G. W. Goodwin, formerly a prominent physician of Minneapolis, died not long since at Los Angeles, Cal., at the age of 75. A few days before his death he was married to a Miss Catharine King, a faithful nurse.

Dr. D. W. Horning, of Minneapolis, we are glad to say, has fully recovered from an attack of typhoid fever, and can once more give his time to his patients and his stone quarries.

Dr. and Mrs. Roy E. Mitchell, of Middletown, N. Y., where Dr. Mitchell is connected with the State Hospital for the Insane, were in Minneapolis visiting friends early in September.

Dr. and Mrs. O. K. Richardson, of Minneapolis, spent the month of October in New York, Philadelphia and Washington, visiting the hospitals and colleges.

The Minnesota State Homœopathic Institute held a well attended and enthusiastic, as well as interesting, three-day meeting in May, Secretary Skinner having arranged a splendid programme.

Dr. Geo, Royal, of Des Moines, Iowa, a member of the Educational Council of the A. I. H., was in Minneapolis in April, to look over the Homœopathic College of the University, and, we are glad to say, gave it a good rating.

Dr. T. H. Roberts, Plainview, Minn., one of the oldest practitioners of the State, died March 6th, at his home in that city.

Dr. Thos. M. Thayer, formerly of the medical staff of the Fergus Falls State Hospital for the Insane, but now practicing at Herman, Minnesota, was married on April 29th, to Miss Mary Pardee at the home of the bride's mother in Minneapolis. Congratulations.

Dr. Doxie, of Edgerton, Minn, had the misfortune early in the year to suffer from an attack of small-pox, from which he made a good recovery.

Dr. M. D. Cooper, University of Minnesota, '07, and interne for the past year at the Minneapolis City Hospital, has located at Winnebago City, Minn., and reports that he is doing well.

Dr. Thos. Lowe, Pipestone, Minn., was last spring re-elected for a term of three years to the office of Head Physician of the Modern Woodmen of America.

The Minneapolis Society met at Dayton's Tea Rooms, on October 20th, and Dr. A. E. Booth presented an interesting paper on Cleft Palate and Hare Lip, which he has promised us for this magazine.

Dr. Ethel E. Hurd, as president, and Dr. J. D. Waller, as secretary, are doing good work.

Dr. W. B. Roberts, Minneapolis, has recently spent a week with the Mayos, at Rochester, Minn.

Dr. Glen R. Matchan has removed from Maynard to Minneapolis, Minn., where he has opened offices in the Masonic Temple, and resides at 33d St., and Irving Ave., So. He is a welcome addition to our ranks.

Drs. K. W. Wilder, J. C. Smallwood and A. D. Sinclair graduated from the College of Homœopathic Medicine and Surgery of the University of Minnesota, in June last, and have secured positions as internes, as follows: Dr. Wilder, Minneapolis City Hospital; Dr. Sinclair, Cumberland Street Hospital, Brooklyn, N. Y., and Dr. Smallwood, at the St. Paul City and County Hospital.

Dr. Geo. H. Martin and wife, of San Francisco, were in Minneapolis in May last, on their way to Europe. We regret not having been able to meet the doctor while here.

During the summer Dr. H. D. Newkins, of Wolverton, Minn., was doing post-graduate work in New York and H. D. McKorn, of the senior class of the College of Homœopathic Medicine and Surgery of the University of Minnesota, was in charge of his practice.

Dr. Homer Smith, University of Minnesota, '07, and recently in the St. Paul City and County Hospital, is in Faribault, Minnesota, caring for the practice of Dr. Wilkonski, while the latter is in Europe.

Dr. A. M. Crandall, formerly of St. Paul Park, is now located at Fairfax, Minn.

Dr. A. E. Higbee, Minneapolis, had an extended fishing trip in Northern Minnesota early this fall.

Dr. B. N. Ogden, of St. Paul, returned October 15th, from a six months' tour of Europe, where he was attending the clinics at the great medical centers. His family were with him.

H. D. Diessner, of Maconia, Minn., son of Dr. H. R. Diessner, has gone to Philadelphia, where he is a member of the senior class at Hahnemann College.

Dr. C. W. Knickerbocker, formerly of Charles City, Ia., recently traveling in the South for his wife's health, was in Minneapolis not long since.

Dr. C. E. Fisher, one time editor of this magazine, was in Minneapolis quite recently to visit his son, after a trip to Alaska.

Dr. John F. Beaumont, formerly of Minneapolis, but recently of Chicago, is nicely located in Portland, Oregon, and reports business good.

The following is the homœopathic staff of the Minneapolis City Hospital from July 15th, 1908, to July 15, 1909:

Surgeons: W. B. Roberts, July 15th; H. C. Aldrich, October 15th; R. D. Matchan, January 15th, '09; A. E. Booth, April 15th, '09.

Gynæcology: E. E. Austin, July 15th; R. R. Rome, January 15th, '09.

Eye, Ear, Nose and Throat: H. H. Leavitt, July 15th; G. M. Haywood, January 15th.

Physicians: O. K. Richardson, July 15th; J. F. Beck, October 15th; Geo. B. Hamlin, January 15th, '09; A. J. Hammond, April 15th, '09.

Obstetrics: Hugh Tunstead, July 15th; Margaret Koch, January 15th, '09.

Children: Ethel Hurd.

OBITUARY.

Dr. W. G. Pardee.

Ashtabula, O., September 18th, æt. 54. Pulte Medical College, 1883.

Dr. H. J. O. Donnell.

Pittsburg, Pa., September 14th, æt. 37. Cleveland Homœopathic College, 1896.

Dr. E. H. Phillips.

Cape May, N. J., September 20th, æt. 78. Hahnemann Medical College, Philadelphia, 1868.

Dr. S. J. Bumstead.

Decatur, Ill., September 19th, æt. 67. Homœopathic Medical College, Philadelphia, 1862.

Dr. L. G. Van Scoyoc.

Los Angeles, Cal., September 9th, æt. 55. Cleveland Homœopathic College, 1876.

Dr. W. J. Vaupel.

Chippewa Falls, Wis., September 9th, æt. 36. Hahnemann Medical College, Chicago, 1890.

Dr. F. M. Humphrey.

Hartford, Conn., May 13th, æt. 52. Boston University School of Medicine, 1885.

Dr. W. H. Webster.

Dayton, O., August 10, æt 39. Pulte Medical College, Cinicinnati, 1894.

Dr. G. D. Read.

Providence, R. I., August 21, æt. 66. New York Medical College for Women, 1882.

Dr. Geo. H. Smith.

Brooklyn, N. Y., August 20, æt. 64. New York Homœopathic College, 1869.

Dr. J. H. Gunning.

Scarsdale, N. Y., August 29. New York Homœopathic College, 1867.

Dr. J. B. Clifford.

McKeesport, Pa., August 31, æt. 44. Cleveland Homœopathic College, 1893.

Dr. J. R. Hooper.

Elkton, Mich., August 29, æt. 59. Cleveland Homœopathic College, 1877.

Dr. Geo. T. Greenleaf.

Holtville, Cal. Chicago Homœopathic College, 1881.

Dr. John G. Rishel.

Hahnemann Medical College and Hospital of Chicago, 1866; for many years a practitioner of Lewis, Iowa; fell from the roof of his house in Chickasha, Okla., August 11, and died five hours later from his injuries, aged 67.

Dr. Ira Barrows Cushing.

New York Homœopathic Medical College and Hospital, New York City, 1872; a veteran of the Civil War; assistant surgeon Third Infantry, M. V. M., from 1873 to 1876; died at his home in Brookline, Mass., August 14, eleven days after an abdominal section, aged 61.

Dr. Schuyler Wade Mahan.

A homœopathic practitioner of London, Ont.; died at his home in that city, July 31, from paralysis, after an illness of one month, aged 71.

Dr. Alexander Hamilton Laidlaw.

Hahnemann Medical College and Hospital, Philadelphia, 1861; formerly professor of anatomy in the New York Homœopathic Medical College; died at his home in New York City, July 29, from senile debility, aged 80.

Dr. David Eugene Southwick.

Hahnemann Medical College and Hospital, Philadelphia, 1857; for more than half a century a practitioner of Ogdensburg, N. Y.; died at his home in that city, August 1, from senile debility, after a long illness, aged 76.

Dr. W. G. Condit.

Allerton, Ia., June 20, æt. 32. Chicago Homœopathic College, 1900.

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Practice of Medicine

THE NEW MENTAL THERAPY.*

BY G. A. LEACH, M. D., MORRIS, ILL.

The medical profession has been slow to accept the fact that the mind has an influence in curing disease.

We realize that sorrow, for instance, is against a sick person's chance of recovery; while joy or encouragement is in their favor, all other things being equal.

Yet we have let a large class of ailments drift to Faith Healers, Clairvoyants, Christian Science Healers, Theosophists, etc., and in a great many cases they have received more benefit than we are able to give them.

The Christian Church has been slow to make use of the powers of the mind in helping people to a healthier life.

How can a sick man be good?

Whether the sickness be physical or mental. On the other hand, I think the time is coming when we can reverse the expression and say: How can a good man be sick?

Why is it that the two leading professions and the two most interested in suffering humanity, have been so slow to grasp the idea of mental treatment in nervous diseases? We, some of us, pose as mental specialists. We, any of us, feel that we are qualified to serve on a jury trying an insane case; yet, if we get a case of some of the various nervous troubles, which are so numerous in this strenuous twentieth century, we are too apt to make an effort to pass it off on some one else, or send it to some sanitarium.

I have nothing against the sanitarium treatments. I believe a properly conducted sanitarium is the place for this troublesome class of diseases; but, in so many cases it is out of the question to send our patients to any such place.

What shall we do? Let them suffer, or drift to the various cults or isms, which have sprung up into existence simply because the medical profession and the Christian ministry have not done their duty? Let us take a common sense view of these conditions, variously classed as nervous, hysterical, neuroses, throponeuroses, etc.

What really is the condition?

To begin with, we realize that we are dealing with diseases that carry with them from their very nature an uncertainty. We can't prove our diagnosis, we can only theorize; but we can have good reason for our theories.

Of what does the mind consist?

We say the brain is the organ of the mind, and according to anatomy and physiology, we are taught the structure and functions of the brain and the nervous system. Now the brain is the central organ; the spinal cord and nerves the telegraph lines, carrying messages from the brain to the various parts of the body; that the sympathetic system is the trunk lines which intersect the main lines, carrying messages across from one to the other. We are beginning to learn that when we want positive knowledge or a positive diagnosis we must examine the cell body. After all that is the unit. That in the cell only is the element of change, that constitutes health and disease. Can it be possible that, as in the cell, lies the unit of our individuality, that in the cell also lies the unit of our life force? That the breath of life which our creator breathed into the nostrils of the first man, Adam, reposed in the cell bodies? and has been lodged there ever since, in all succeeding generations? That to reach and understand Hahnemann's dynamis or spirit like force, we must study the cells? If so, then the spirit which eventually releases itself from this "Lump of Clay" and goes to the Creator, who gave it, is in the cell, and is one and the same force, as Hahnemann's dynamics. As I said previously, we cannot prove the above. It belongs to the link that binds us to eternity; but I like the theory and all the line of reasoning that naturally pertains to it. But now to the treatment of the mental conditions as we find them.

We have various schools of mental study, which have different methods of study and different terms of expression, but in the fundamental principles they do not differ so widely.

I like to consider the brain the organ of the mind and the mind as conscious and subconscious. The conscious mind is under control of the brain and spinal system, and controls the voluntary muscular system. The subconscious mind is under the control of that spirit-like force, that dwells within us, and is also subject to impressions or suggestions from our conscious mind, or the conscious mind of

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another person who has tuned his or her life force in accord with ours; also subject to impressions from the subconscious mind of this second person or persons; and the subconscious mind has control of the sympathetic nervous system, and that controls the voluntary muscles, and they direct the vital organs.

That to my mind is the foundation of all mental therapy no matter by what name it is called.

How can we develop the ability to treat others mentally?

First, let us consider the attributes of the mind (by mind now I mean the mind as a whole, but as controlled by the conscious mind). "God made man in His image," the Bible does not say any portion or part of man, so we are to believe the whole man. If our mind is made like God's, it must first be pure, free from evil thoughts, and filled with love or an earnest desire to help suffering humanity.

God has promised us all the life force we need to do His work, as long as we keep in harmony with Him. So there should be the source of our strength. Harmony is the keynote. (Hahnemann's Similia.) A harmony of purpose with our Creator (the source of all life), and a harmony in purpose or, in other words, a sympathy with and for our patients. Who so suited and who comes under such favorable conditions as the physician, to help people, and also the minister (I am in sympathy with the Emanuel movement, I believe the ministers should relieve us of the burden of treating a part of the neurotic conditions, as they have the same confidence given them which we enjoy and can give our patients the time that is necessary to train their weakened mental forces).

There is a rule that holds good in mental treatments. That is, that the faculty or disposition with which you approach another will stimulate the same disposition in them into action. That is, if you want a quarrel, you can have it by approaching in a quarrelsome manner, and if you want to encourage a weak person, go to them full of hope and cheer. In a great many of these conditions we meet, the trouble seems to be, that there is not enough energy or life force to keep all the functions of the body working in harmony, and nothing will cause such a condition quicker than a disturbed mind. To be able to help such a person we must have their confidence (and we usually have that, or they iwould not call us). Next, we must impress upon their mind that there is help for them and that we are able to give them that help. After a careful analysis of the conditions confronting us we must fix our mind on the changes in function, that are needed (which must come through the effort of our patient's mind), and think just what we want them to think and think it hard.

Isn't that prayer cure?

Not that I would detract from the glory of our Creator, far be it from my purpose, rather to add to his glory, for I think he helps us by teaching us to help ourselves.

Now we must get in harmony with our patient, not by allowing our mind to come to their way of thinking, but, rather, by making theirs come to ours. They must have impressed on their minds, that which we feel is necessary, and trained to dwell on these thoughts, for two purposes: First, for the impression made on the subconscious mind and by that on the sympathetic system, and then the involuntary muscles, and then on the life forces which direct the functions that restore health. Second, so that the mind will be occupied by that which will help rather than injure them.

If medicines or physical therapy will help the patient, or help us to make the needed impression by all means let us use them, but not in a way which will leave injuries after effects.

Now to sum up:

1. Our mind must be clean, vigorous, and well trained.
2. We must have the confidence of our patient.
3. They must be convinced that we are going to help them if they do as we direct.
4. Our conscious mind must so impress our subconscious mind that by sympathy the patients' conscious mind so impresses their subconscious mind, that the sympathetic nerves through the involuntary muscles increase the action of certain organs that have been normal in function, so that, through the restoration of harmony, health is restored.

REPORT OF A CASE OF TETANUS.*

BY A. H. SEIBERT, M. D., JEFFERSONVILLE, IND.

After considering a mortality of 88 per cent. in tetanus, I thought that a case with complete recovery would be well worth reporting. The case in mind is one in a boy, John G., age 7, who came to us with a perfect history up to the time of the present disease, which started June 7th.

While out playing about two weeks before this date he fell while running through an alley and cut a gash in his hand; he does not know what he cut it on, as the place was well covered with weeds; the wound was dressed, as most of these are, about the home, and nothing more thought of it until the disease developed on the 7th of June, when he was brought to the Louisville City Hospital with rigidity of the whole body, and the jaws were set, also had a slight convulsion.

When I saw the case he was in the opisthotonos position, suffering severe pain, and the face was drawn in the characteristic expression; he could not bear for the affected arm to be touched, the fingers of the affected hand were contracted onto the palm, except the index, which was in a state of hyper-extension; he was able to take a small amount of liquid nourishment between the teeth.

On admission he was given 1,500 units of antitoxin. Temperature at this time was 99°, pulse, 120; respiration, 30. Slept very well that night.

June 8.—Temperature ranging between 98° and 101°, pulse from 100 to 140, and respiration 28 to 32; bowels acted, stool thin and green. Tetanus

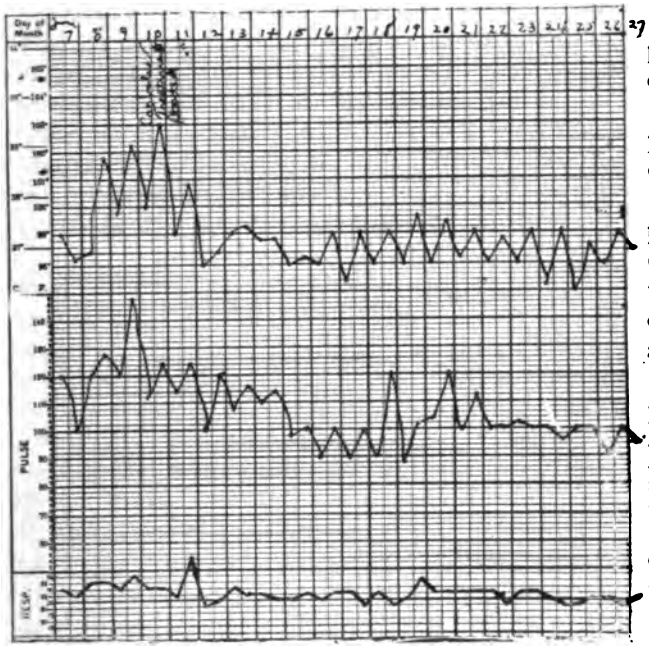
*Read before the Falls Cities Homœopathic Medical Society, Louisville, Ky.

antitoxin continued every six hours, also giving Strychnine 3x and Hypericum 3x in alternation every two hours.

June 9.—Temperature rising to 102.3; pulse, 148, and respiration, 34. Has twitching of muscles; urine very highly colored and strong odor; specimen examined, sulphates and chlorides increased, bowels were sluggish, and an enæma was given. Antitoxin discontinued and hypodermic of strychnine, 1-60, Digitalin, 1-150, was given every four hours.

June 10.—Patient very restless and has a great deal of twitching. Temperature, 103°; pulse, 136; respiration, 36; bowels and kidneys very sluggish; catheterized and enæma given with very slight results.

Hypericum and Strychnine, hypodermic, discontinued, and at this time we started the carbolic treatment, which we believe to be responsible for the cure of this case. This was given in a 2 per



cent. solution, 10 minims being given hypodermatically every two hours; we also gave Passiflora 2x, to keep the patient as quiet as possible.

June 11.—Temperature, 100.8°; pulse, 130; respiration, 28. Patient had a good night and slept much during the day, enæmata given, refused nourishment.

June 12.—Temperature, 100.3°; pulse, 132; respiration, 28. Had a good night; mouth cleansed with Baptisia θ and water; urine high colored and strong; enæma given, had slight epistaxis.

June 13.—Temperature, 100°; pulse, 120; respiration, 30. Mouth cleansed, enæma given, had slight convulsion, but slept well afterwards.

June 14.—Temperature, 99°; pulse, 122; respiration, 28. Had a good night, bowels acted of their own accord and the kidneys are acting free.

June 15.—Had good night. Temperature, 98.8°; pulse, 102; respiration, 28. Given a bed bath, mouth cleansed and enæma given; slept well during the day, but that night had two severe convulsions, which yielded readily to Lachesis 200x.

June 16.—Temperature, 99°; pulse, 100; respiration, 28. Urine highly colored, and was examined, but found to be negative, bowels sluggish and enæma was given.

June 17.—Temperature, 99°; pulse, 118; respiration, 28. Had a good night, bowels are still sluggish, but the kidneys are acting free and the urine is clear.

June 18.—Temperature, 99°; pulse, 120; respiration; 28. Urine free and the bowels acted of their own accord.

June 19.—Temperature, 99°; pulse, 102; respiration, 32. Not much change; enæma given; rested good all night.

June 20.—Improving. Temperature, 99°; pusle, 130; respiration, 28. Bowels acted three times during the day; the kidneys are acting free.

June 21.—Temperature, 99°; pulse, 112; respiration, 28. Improving.

June 22.—Temperature, 99°; pulse, 110; respiration, 28. Urine highly colored, patient sleeps most of the time.

June 23.—Temperature, 98.8°; pulse, 100; respiration, 28. Interval between hypodermics increased to six hours instead of four.

June 24.—Temperature, 99°; pulse, 100; respiration, 26. Urine colored and bowels sluggish; enæma given.

June 25.—Temperature, 98.8°; pulse, 100; respiration, 26. Slept well all night; urine colored; enæma was given; patient entirely relaxed, and was allowed to sit up and also to walk a little. The carbolic hypodermics were only given twice a day at this time.

June 26.—Temperature, 98°; pulse, 100; respiration, 26. Patient feeling bright and cheerful, and expressed himself as being able to go out and play; he was also given light diet instead of liquid. Passiflora given every four hours instead of two.

June 27.—Patient feeling fine, no pain or spastic condition anywhere, jaws wide open and the arms are relaxed.

June 29.—Patient practically well and about ready to leave the hospital; the wound of the hand was opened and cauterized at the beginning of the treatment, and subsequently dressed each day with a wet dressing of equal parts of alcohol and glycerine on gauze.

If you will notice carefully the chart of this case you will see that there was no appreciable change in the case until the carbolic treatment was started, and this is why we say that this treatment is responsible for the cure.

This case calls to mind another of the same disease which occurred in a negro about 40 years old, who was treated at the City Hospital about two years ago. In this case the carbolic treatment was used entirely, no antitoxin being used, and he also made a complete recovery.

A CURE OF GOITRE.

BY J. S. ADSIT, M. D., HOOPESTOWN, ILL.

Hoopestown, Ill., Sept. 4, 1908.

Boericke & Runyon:

Dear Sirs:—After considerable delay on my part

I shall endeavor to give you a report of my case of goitre cured by Crotalus cascavella.

Rev. T., Baptist minister, of this place, age 37 years, consulted me sometime in February, 1908, in regard to a goitre which had been troubling him for over two years. He is a blonde, blue eyed, of a mild disposition, rather short, and weighs about 140 pounds. He has suffered with occasional attacks of articular rheumatism.

The enlargement was chiefly on the right side, but the left showed also distinct enlargement. The isthmus was not involved. The growth was soft and did not show fibrous infiltration. It seemed to be in the incipient stage. He said that he could notice a gradual increase in size, and that his symptoms were becoming more aggravated.

He complained of a choking or constricted feeling about the throat especially, and said that often it would become so intense that it was hard for him to finish his sermon. He said that at times it felt as if there were a muffler tied about his neck, and that at times his collar would seem to distress him when talking. His general health was good and his symptoms negative except those referable to the throat.

He reported having tried various treatments and doctors without any benefit. I made several prescriptions and used goitre ointments without any benefit and that the growth was slightly enlarging.

Failing with the ordinary methods, I determined to try the remedy that I received from Boericke & Runyon at the Jamestown meeting. That was taken from the live snake which they had on exhibition there, the Crotalus cascavella. I took their 12x trituration and made the 15x dilution, moistened some globules and directed him to try it. About a week later he came into my office and said that last remedy you gave me is doing me good and I believe you have the right remedy. I directed him to continue the remedy and report, which he did weekly for about six weeks and each time with marked improvement, and at the end of this time he felt satisfied that he was cured.

I saw him September 3, 1908, and examined his neck and there is not a trace of enlargement. He tells me he is not bothered with any of those unnatural feelings about his throat, and I believe it is as complete a cure as I have seen.

VACATION IN A NORTHERN FOREST.

BY C. S. ELDRIDGE, M. D., CHICAGO, ILL.

It has become a fixed habit with me every year after my vacation days have ended, to successively count the months and weeks until I can again avail myself of an opportunity to accomplish packing for my annual outing in a Canadian primeval forest; when I can depart from the theatre of professional obligations for a few weeks' enjoyment in a lake and forest enriched country, where man has done little to detract from its original beauty, where the stillness is most impressive and often for hours unbroken, save the plaintive calling of a female moose, drumming of partridge or the exquisite chirping of a feathered songster.

On September 26th of the present year I left Chicago with a most genial bank official; left American jurisdiction to enter King Edward's colonial possessions northeast of us. My companion forgot, during our journey and sojourn in Canada, all about discounts, the correctness of signatures, the genuineness of national bank bills and, as paying teller, the balance of the rich and moderately rich depositors, while I forgot all about anatomy, physiology, materia medica, symptoms, subjective, and objective; the art of prescribing accurately, what I must know at the bedside to scientifically and without a shadow of doubt, select the similimum with dignity and deftness to speedily banish acute or chronic ills. During the unburdened and pleasant days of my absence I cared little for the polemics indulged in over the merits and demerits of opsonic therapeutics, the plausibility of the hypothesis which underlies arguments of the pioneers, who, as logicians, enlighten students of medicine upon the subject of ionic power and other silent forces that play an important part in scientific discussion. What solace for a brief time in the year to be away beyond the reach of the telephone users who teasingly (some of them night and day) tintinabulate the physician's oft posterior ear conversing about things of no real consequence, but annoying the physician and surgeon, unnecessarily taking up his valued time.

To lie down for slumber at night on a luxurious air bed, slumber not to be disturbed by bell or door knocker is pleasant and most profitable, giving, as it does, to the professional man's brain, an ideal chance to recuperate and clarify its psychic sense, to become regenerated by rest sufficiently to launch latent thoughts clothed with attractiveness and strength, this, after it has been overworked and its capacity for corroboration much impaired. Patrick Henry formulated many of his conceptions of our Republic's necessities while using the fishing rod poised upon the banks of Virginia streams, while the rhetoric and oratory he contemplated, employing at proper times and places, were given birth. I had a most delightful outing in Canada, and captured the largest moose that had been brought out of that section where I went, up to the time of my departure for home.

Blue waters and blue skies, together with the vastness of the forest, impressed me with what nature proffers in the wholesomeness and beauty, in the way of attractive landscapes calculated to charm the denizen of the city whose eyes, weary of seeing sky scraper buildings, weary of inhaling germ ladened dust, and daily being subjected to the din and clatter of freight transferring vehicles, heard in discordant chorus with the singing spindles that loudly voice the importance of manufacturing. A sojourn at the sea shore in some quiet nook, or passing a vacation as nature's guest (which I prefer) in inviting sections where humanity never congregates, does the office man an incalculable amount of good. While camping, one can speedily renew life, and give rest to the jaded forces under the ban from slavish devotion to business. To pass a few weeks upon the shores of Canadian lakes is to be

insured perfect nocturnal rest, an appetite requiring constant espionage, buoyancy of spirit that seldom attends us in the crowded city. What a solace it is to take, at least, once a year, complete rest and be divorced from the company of phytes and zymes and throwing off for a time the irksome cares and responsibilities of professional or commercial life. At least, once a year, my professional "brother chips," take a rest.

Materia Medica.

A STUDY OF ALOES.

BY M. A. BUNKER, M. D., OBERLIN, OHIO.

"No fruit the soil will yield, till toil
Has worked it well together,
And human weal will fade and fall,
In only sunny weather.
The Aloe causes bitter pain
And brings the cheeks health's blushes,
So must a heart its good attain
Through care that grieves and crushes."
(Translated from German.)

"For 'tis a physic
That's bitter to sweet end."
—Measure for Measure.

Hippocrates makes no mention of Aloes. It appears to have first become known in Greece about the time of the Ptolemies. Its earliest mentions are in Dioscorides and in Plinius. Dioscorides recognizes it as already a polychrest—"It is good for many things." That which is mentioned in the Bible as Aloes is not our drug which first came into notice much later.

Asiatic, or East African Aloes is found in commerce under the names Socotro—South African—Cape and Lucida; American, or West Indian Aloes under the name of Barbadoes. The last, which can always be obtained the freshest, passes for the most powerful and is preferred to the Cape Aloes by veterinary surgeons and pill doctors. According to Pareira, three parts of Barbadoes equals five parts of Cape Aloes. Most of the provers took, what in pharmacies passes for real Socotro Aloes.

To the provings and experiences of the physicians of the French and the German schools, Dr. Hering adds those of the physicians of this country, the results of several provings with Aloes from the one-tenth to the two-hundredth potency, partly upon more than ten persons; some of these exhibited only very few or only one single striking symptom.

For his own experiments, Dr. Hering succeeded in getting the really genuine Aloes from the island of Socotra. (It appears that Aloes was cultivated in Socotra.) When the United States Government dispatched a man of war to the Sultan of Muscat, on behalf of commercial interests, the ship's surgeon had an interview with the private physician of the Sultan, and received from him a piece of the genuine pure Aloes, such as had been prepared for the Sultan. This rarity was transferred to the collection of the Pharmacological Institute of Philadelphia, and a friend succeeded in breaking off a good piece, which he brought to Hering in triumph. It had on its fractured surface a fiery red golden glitter and its bitterness was rather more aromatic.

Its praise is apparent all through the middle ages. It was very popular under Stahl and Hoffman in Germany. It is remarkable how the anticipation of the law of similarity prevailed, especially in Germany. Schraeder says: "Aloes simulates gall in taste, properties and action. Gall is the balm of life—Aloes a balm of nature, as it were, an external gall."

Dr. Helbig and a young physician for whom Dr. Hering became surety, proved Aloes in 1833. The first who published a proving of Aloes was Dr. J. Buchner, who also added many observations from older authors.

(All. Zeitung, 20,263, 1841.)

Dr. Raue's administration of Aloes in dysentery has been repeatedly republished since 1824. The dysenteries are malarious fevers like the intermittent and differ every year. If, therefore, a remedy cured attacks of dysentery, then all depends upon question, What was the character of the epidemic?

Aloes produces no dysentery, strictly speaking, nor even similar symptoms, except in most unblushing doses. It is well known that the effects of Aloes are especially displayed in the pelvic organs. Now, since dysentery has its seat in the large intestines, this fact would be enough for many people. Opium operates just as decidedly upon the pelvic organs. It also produces no dysentery, but not infrequently helps to relieve it. So Aloes may do same thing, if characteristic symptoms are only similar.

We find it as useful in acute as in chronic disease, but, above all, especially in severe, painful, or dangerous developments of chronic diseases for which it is indicated.

Most of the proving of this country were instituted with 1/10 trituration of the real Socotra Aloes. Dr. Hering took one dose of this and afterwards a higher potency. Dr. Raue took the 1/10 trituration every hour, three times in the evening and twice the next morning, until he had distinct symptoms, which, although they exhibited only a slight effect, could be plainly distinguished for three days.

Dr. W. Williamson made his experiments in the cholera summer of '49, when dysentery and diarrhœa prevailed simultaneously with cholera. He gave the 4x, 5x and 6x. Menstrual symptoms, especially, arose in such patients which appeared to appertain solely to Aloes, since all who took other remedies did not have them.

Dr. Hering relates this experience: "There appeared in a person who had used Aloes for two years, particularly after menses for a headache consequent upon them, together with a constipation as from loss of tone of the intestines, an earache on the left side which always recurred with the menses along with the headache; it was also more severe

when the headache was <. An internal disagreeable ache also externally behind and below the ear. Upon giving Belladonna and Calcarea, the ear began to itch and for the first time discharged thin yellowish, odorless matter. Nux, Lachesis, Carbo vegetabilis, and especially Lycopodium worked a complete cure."

Dr. P. P. Wells, of Brooklyn, says in The American Homœopathic Revitw, 1866—"This drug, Aloes, has been found effectual repeatedly in removing a peculiar, heavy, dull, pressing pain in the forehead, of no great severity, but which indisposes to or even incapacitates for all exertion, especially for intellectual labor. This state of the head has appeared in the writer every year for the last ten or twelve, on the blossoming of the Ailanthus. He found no remedy for it till he received the proving of Aloes in Dr. Hering's Americanische Arzneipruefungen. A single dose of this drug in 200 potency has always been sufficient for its speedy removal."

Dr. Wells also says "there is a conidtion of the abdomen which is quite peculiar, of which most persons have been conscious who have passed through an epidemic of Asiatic cholera. It is oftener than otherwise described by those who suffer it as a feeling of 'uncertainty'—meaning that they are not sure they shall not be attacked by diarrhœa any minute—and that they feel just as though they would be. It is one of the constant elements of the precursory stage of chorlera." The Ailanthus symptoms are strikingly like this and are promptly and completely removed by a single dose of Aloes 200. There is in this condition of the abdomen not only this sense of insecurity, but a dull heaviness and sense of moderate distension, general debility, and especially a weakness of abdominal organs. Symptoms of Aloes representative of this condition are in provings 485—486—488—494—511—576.

Dr. Carroll Dunham says the symptoms which have seemed to him the most characteristic are those of the head, abdomen, stool and urine. His use of Aloes in practice were based on those, and chief among them those of the stool. From symptoms 512-860, we learn that Aloes produces a diarrhœa consisting of light colored semi-liquid fæces, preceded and accompanied by much gurgling and flatus in the abdomen; that the diarrhœa occurs especially in the morning from two A. M. to ten A. M.,—desire for stool sudden and extremely urgent, felt in hypogastrium and in rectum, fears to evacuate wind by anus or to make physical exertion or even to strain to pass water lest he should have an involuntary evacuation of bowels. This sensation of "uncertainty" by which fæces are held in rectum is a well marked characteristic of Aloes as shown in following provings: Vacuation takes place without any exertion on part of patient; it seems as if it were to fall out of the rectum (765)," "at stool a constant feeling as if there were more fæces to be passed (769)." "Involuntary passage of fæces, when emitting flatus (824)." "Disposition to stool when passing water (826)." "Fæces and urine seem inclined to pass and do pass simultaneously (827)." "When standing, a sensation as if fæces would pass (833)."

There is also an uncertainty in tenure of urine, as shown by following symptoms: "Frequent desire to urinate (990)." "Increased desire—quantity not increased (992)." "So urgent a desire he can hardly retain the urine (993)," and a similarity of affection of urinary organs and intestines as shown in symptom "(1001) at stool urination; when urinating, desire for stool."

In connection with these two series of symptoms those of the pelvis deserves notice. Among them we find "heaviness pressing downwards (865-861)." "Feeling as if a plug were wedged in between symphysis pubis and coccyx (860)," equivalent to a weight upon the perineum. In regard to this portion of its sphere of action, it strikes the patient equally, "a plug between wind and water."

In all these symptoms, which produce pinching pain in lower part of abdomen just before stool, the action of Aloes very closely resembles that of Nux vomica, a remedy so useful in diarrhœa and dysentery, distinguished, however, by peculiarities of evacuation of stool. Nux vomica produces very frequent desire for stool, with inability to evacuate fæces. Under Aloes, on the contrary, the difficulty is to retain the fæces as long as patient desires to do so. Aloes seems to paralyze the sphincter ani to a certain extent. Nux vomica to excite in it a spasmodic action of exalted power. In its action on the sphincter, Aloes closely resembles Hyoscyamus.

Among the head symptoms of the provers, Dr. Dunham chose to regard as characteristic of Aloes are—a heavy, confused dulness in front of head, extending to root of nose, with inability to think; pain in the forehead, compelling the patient to close the eyes, or, if he wishes to look at anything, to constringe the eyes, making aperture of lids very small.

The following case will prove Dr. Dunham's success in prescribing Aloes 200: "The similimum for the totality of the symptoms." An old gentleman, about seventy, applied for relief from a dull, heavy frontal headache, incapacitating him from mental labor; felt as soon as he waked and lasted all day. The patient's previous history showed that headache had annoyed him for years, more during the winter season—in summer, comparatively free from it. No peculiarity of diet or living could explain the fact. But it was further revealed that during the summer season, the patient was very frequently attacked with diarrhœa, disease coming on suddenly, waking him at two A. M., with pinching, flatulent colic. From this time till ten A. M., four or five pappy, copious, light yellow stools. Desire for stool worse by eating. Involuntary stool when straining to pass water, when comparatively free from headache, inclined to diarrhœa and vice versa.

Dr. Dunham considered the two sets of symptoms as complementery. The head symptoms were characteristic of several other remedies, but the diarrhœic symptoms were strikingly characteristic of Aloes and furnished the clue to prescription which

relieved the patient at once. The headache returned a few times to yield at once to Aloes 200.

Symptoms of Aloes in original provers display great diversity. It awaits a complete elaboration. "There is no complete edifice, only the materials therefor." Aloe is of great value in dysentery, diarrhœa and hæmorrhoids, with following symptoms:

Hæmorrhoids.—Galen makes first mention of Aloes as a remedy for hæmorrhoids. "In lingering habitual or atonic painless mucous hæmorrhoids. If the tumors project from the anus in great quantity, like bunches of grapes, with much pressing (926)." "If cold water applications afford relief from hæmorrhoids, an indication for Aloes (942)."

Of a family of seven, four were attacked simultaneously with dysentery, and presented the following symptoms: After frontal headache, aching in the back and extremities, disagreeable feeling with nausea about the stomach, had continued several days, the patient was suddenly taken with violent cutting, griping pains in umbilical and epigastric regions, extending finally over the abdomen with small discharges of bloody mucus in some and large quantities of a frothy pitch-like substance, offensive at times only, every five, ten or fifteen minutes; tenesmus, and, in one case, a young man of twenty bilious temperament, prolapsus ani with severe pain in the rectum, tenderness of abdomen to slightest touch; coated tongue, dry and red on edge; in two cases brownish, dirty looking, bitter taste; great thirst with < from drinking, craving for acids; pulse, small, hard, frequent in forepart of day—full, hard, increased frequency in afternoon and night; increased pain and frequency of discharges in the afternoon and forepart of night, all symptoms variable, but pulse (120-140) and tenderness of abdomen, remained throughout. Belladonna, Mercurius corrosivus, Colocynth, Nux vomica, Arsenicum, Carbo vegetabilis, produced no effect. He had studied Dr. Hering's provings of Aloes and it was Aloes that came to his rescue.

Some characteristics: Headaches worse by heat and better by cold applications. Aversion to going into open air, after which symptoms are better. No appetite for meat, likes fruit and juice food, sour food does not agree.

"Headache < by stooping and pain in the liver (1590)."

"Pains in abdomen compel one to crouch together (1594)."

"Vertigo on going up stairs and turning quickly (1575)."

"Headache and ill humor abate in the open air (1544)."

The gurgling in lower abdomen with sudden urging to stool is a sensation as if a bottle were being emptied.

"Heart pain in præcordial region, which extends through to under the left scapula (1113)." "Stitches in chest impeding respiration (1084)." "Stitches from liver into chest interrupting respiration (1089)." "Asthma and wheezing (1092)." "Weakness of the chest (1096)."

Female—"Menses too early—too profuse (1046), especially effective in suppressed menstruation."

"Chlorosis in suppressed and too scanty menses (1058)."

Constitution and Habit.—"Consequences of too much spicy food—of a sedentary mode of life (1529)."

"The Greek physicians found its use advantageous only in miserable, flabby, phlegmatic temperaments (541)." "All people inclined to apoplexy (1531)." "People who take little exercise and sit long at meals (1530)." "Jaundice, not from inflammatory or mechanical hindrance, asthenic. It dissipates jaundice (1475)."

Antidotes.—Sulphur, Mustard, Nux vomica, Alum in hematemesis and Lycopodium in earache.

BELLADONNA AS A PROPHYLACTIC OF SCARLET FEVER.

BY J. A. REESE, M. D., LACROSSE, WIS.

Dr. H. L. Chase, of Cambridge, Mass., writing in the American Homœopathic Review, Vol. 1, p. 314, quotes from the Organon thus:

"Previous to the year 1801, the genuine scarlet fever of Sydenham prevailed epidemically among children and attacked all without exception who had not escaped the disease in a former epidemic. Whereas every child who was exposed to one of the kind which came under my observation at Konigslutter remained exempt from this infections disease, if it had timely taken a very small dose of Belladonna."

This quotation, which, by the way, does not appear in the sixth American translation of Organon, may be taken as the original source from which Homœopaths derive their idea of the preservative value of Belladonna in scarlet fever.

In considering the question and deciding for ourselves what stand we are to take in the treatment of scarlet fever cases, there are several points which naturally present themselves and which we must settle for ourselves. 1st. Is the disease now known as scarlet fever the same as that recognized by Hahnemann? 2d. Is Belladonna homœopathic to the older form, or to the new form, or to both? 3d. Does experience warrant our use of the drug in preventing scarlet fever? 4th. Is it the best prophylactic? 5th. If it fails or succeeds, does it, as a drug, have any pernicious effect on the person to whom it is administered?

In discussing these various points it is necessary to quote largely from statistics already compiled and from opinions already expressed on the subject. It is also to be observed that most of the available material is from the German and French, while practically nothing has been written on the subject in England and little in America.

Concerning the identity of the diseases, the above mentioned Dr. Chase quotes Hahnemann as saying that the scarlet fever of Sydenham, as known to him, begins, as a rule, with rigor and chills lasting twelve to twenty-four hours. This is accompanied by violent vomiting and followed by high fever

which ends in profuse sweat. There is much angina and the parts are red, while itching, smarting and burning are accompanying symptoms and the exanthem spreads as the disease advances.

According to Osler, the present recognized authority on diseases, chill very rarely introduces scarlatina, fever rises the first day to 104° or 105°, nervous symptoms appear early in the disease, vomiting and convulsions are common, the skin is dry, the face flushed and there may be membranous angina.

If we accept the description of the fever as quoted by Chase, we must conclude that the scarlet fever of today is, at least, a distinct variety and we must proceed to the second point, is Belladonna homœopathic to either form of fever?

The symptoms of the disease having been briefly given we will now compare them with the symptoms produced by Belladonna, the drug. According to Farrington, Belladonna is indicated in scarlet fever by the following symptoms: 1st. A uniform blush over the entire surface of the body. 2d. Active irritation of the brain, manifested by simple starting from sleep or violent delirium with shrieking. 3d. Violent vomiting. 4th. Bright red swelling of throat. 5th. Strawberry tongue. 6th. Strong pulse, and 7th, great restlessness. These symptoms, all of which may be produced by the drug acting on a healthy person, at once show Belladonna to be more homœopathic to the modern form of scarlet fever than to the disease as described by Hahnemann.

The great points of difference, the rigor, chills and profuse sweat, are very uncommon in the course of the disease and only slightly more common in the provings of the drug.

In discussing the prophylaxis of the drug as shown by experience, we quote largely from the Northwestern Journal of Homœopathy, Vol. 2, p. 13: Out of 2,027 persons who took Belladonna as a prophylactic as reported by German physicians in various epidemics, 79 contracted the disease,

Hufeland had 3 cases in 515 who took Belladonna.

Cumper had 2 cases in 84 who took Belladonna.

Berndt had 15 cases in 195 who took Belladonna.

Behr had 6 cases in 47 who took Belladonna.

Velsen had 13 cases in 247 who took Belladonna.

One, Dr. Murbach, in seven years' experience, reports that whenever the disease showed sporadically or epidemically, he gave Belladonna to every individual threatened with the contagion and made them continue it during the desquamation of the patients with whom they came in contact. He says that none who took Belladonna as directed contracted the disease.

Dr. Dusterberg, of Warberg, judging by three epidemics, holds Belladonna to be as efficacious as prophylactic in scarlet fever as vaccine in small-pox. His method of experimenting was to select one child in each family to whom no Belladonna was given and he says that all of those selected contracted the disease.

The American Journal of Homœopathy, Vol. 4, p. 135, quotes Dr. Newbigging, of the Edinburgh Monthly Journal (allopathic), substantially, as follows: Many cases of scarlet fever occurred in close succession in an institution with which he was connected, in spite of thorough isolation. Belladonna was tried somewhat sceptically, as a preventive, being given to 69 children unaffected by the disease. Three new cases occurred within four days, after which no child was affected and there were no recurrent epidemics at that place.

Dr. Koriff, sometime professor in the University of Berlin, from long and continued experience, says that Belladonna taken eight or nine days before exposure and continued during desquamation, is preservative even with the most intimate intercourse; and practically all German physicians quoted agree that if the drug be taken four or five days before exposure the disease never proves fatal. Dr. Johnson and all other English writers are entirely sceptical.

The dose generally given was about as follows: Two grains Extract Belladonna were dissolved in two ounces of water and from five to twenty drops were given daily, according to the age.

Dr. Osler insists that the disease cannot be cut short and declares that the many specifics vaunted in scarlet fever are all useless; hence, we may assume that there are no allopathic prophylactics or curatives.

Our conclusions then, as based on statistics given above and many more that may be cited, are (1) Belladonna is homœopathic to and preservative against the modern form of scarlatina in a great majority of cases; (2) The disease is milder in persons who contract it after Belladonna treatment; (3) Dr. Velsen, of Cleves, declares that when given as directed, the drug is harmless; (4) It is practically the only prophylactic in scarlatina which has a scientific basis and clinical experience to justify its use.

Ophthalmology.

CORNEAL INFLAMMATIONS.

BY I. O. DENMAN, TOLEDO, O.

I have nothing new to offer upon the subject which I have chosen to present to you to-night, but no apologies for selecting one so old because I believe that certain phases of keratitis are worthy of emphasis. Not all physicians fully realize the importance of an early recognition, prompt and effective treatment nor the disaster which may follow neglected cases.

The sclera and cornea together compose the outer fibrous envelope of the eye. The cornea is the transparent portion. It is as large in a babe as in the adult, measuring 11 mm. in its vertical diameter, and 12 mm. in its horizontal diameter. It is thinner in the centre than at the edges, where it is one mm. in thickness.

Histologically, we find five layers: From anteriorally, epithelium, Bowman's layer, the stroma, Decemet's layer, and the endothelium. The stroma

layer composes approximately 15/16ths of the total thickness of the corneal, is a tough, strong membrane composed of a connective tissue ground substance, built up in layers in which the fibers run in all possible directions, leaving inter-spaces between them. As the cornea has no blood vessels, its nutrition is maintained by the circulation of lymph through spaces and the canalicula which connect them. The nerve supply of the cornea is very abundant. It is derived from the ciliary nerves and from the nerve of the bulbar conjunctiva. This renders epithelium in which the nerves end, highly sensitive, and hence pain from a foreign body, or from an ulcer, is extreme. It is a well known fact that the corneal reflex is one of the last to disappear in narcosis. The cornea is normally transparent, and any departure from the normal is manifested haziness of the even surface, or by a cloudiness, if it be deeper, or by an excavation, with actual loss of substance, as in the case of an ulcer.

During the course of a corneal inflammation we observe the following stages: The inflammation begins with an infiltrate. There is an increased number of cells in the parenchyma of the cornea, and these constitute the exudate, and, in consequence of this, the diseased area loses its transparency. The level of the corneal surface remains the same at this stage; only the epithelium loses its polish, and we have the two signs, cloudiness and dullness, or loss of the normal lustre of the surface.

The infiltrate ends in one of two ways, resorption or suppuration. In those cases in which the quantity of the exudate is small, and the lamellæ of the corneal tissue is not broken down by reason of great pressure, resorption takes place without any destruction of tissue, and in favorable cases the diseased spots become again perfectly normal and transparent. But it may happen that all of the exudate does not disappear completely by resorption, or that the pressure has been sufficiently strong to produce an alteration of the corneal stroma, and in both these cases there remains a permanent opacity.

All those cases in which a resorption of the exudate occurs without destruction of the stroma are classed under the head of non-suppurative keratitis. Of these I shall later attempt to discuss but one: Keratitis parenchymatosa syphilitica.

When the exudate is so great as to devitalize the corneal stroma, which breaks down, the inflammation enters upon the second stage, suppuration. These cases are known as suppurative keratitis, the most frequent form being corneal ulcer.

The differential diagnosis of these various lesions is, of course, the first consideration, and of paramount importance in the care of the case. This cannot alone be made by the usual symptoms of pain, photophobia, lachrymation, etc., as they may be present in either form. Given a case, for instance, of pannas or of phlyctenular keratitis well advanced, perhaps already ulcerated with a considerable loss of tissue, and a cursory examination will establish the diagnosis. Take this case earlier, however, and the following procedure is of great value. Seat the patient facing a window, 8 to 10 feet distant. Have him look toward the window, his gaze directed upward at an angle of about 60 degrees. Stand to his right and a little in front and note the appearance of the reflection of the window upon the cornea as his eye moves about in following your finger. Such reflection upon a normal cornea will be clear and distinct. If, however, the epithelium is disturbed or destroyed, the reflection will show dimly over the area affected. By this examination the window bars will appear straight and distinct over a normal corneal surface and also over a deep opacity. It will appear clear, but distorted over a cicatricial area such as remains following the repair of an ulcer over which the epithelium has been replaced, but which is slightly excavated. The importance, therefore, of these differentiations as apparent. For instance, a patient presents himself with an acute inflammation. Pain, photophobia, profuse lachrymation, ciliary injection and an opacity of the cornea. Is it a beginning corneal ulcer, or is it an iritis or glaucoma with an old corneal scar? As the treatment of these affections is vastly different, we must be sure of our diagnosis, and to my mind the window test is one valuable aid to establishing it.

There will also be found a clear reflection from the surface of a cornea in which a parenchymatous inflammation is present, which is then determined by the presence of other diagnostic signs.

This disease is a non-suppurative inflammation and begins as a faint gray haze at the periphery of the cornea, accompanied by a ciliary congestion. This haze often encircles the cornea and gradually tongue-like projections are sent out from it toward the center, until only the middle is clear. Later the center becomes clouded and similtaneously the periphery begins to clear. When seen at a still later stage the infiltration has cleared at irregularly placed areas, leaving a dappled appearance of permanent opacities. An old case of interstitial keratitis usually shows by means of the loupe a very interesting phenomena; a set of deep blood vessels starting from the limbus and running parallel like the fingers of a hand toward the center of the cornea, but rarely reach the center. As has been stated the cornea is normally devoid of vessels, this constitutes a pronounced pathological condition, and one that proves very intractable.

Ninety per cent. of all cases of interstitial or parenchymatous keratitis occur in children from four to sixteen years of age, and fully two-thirds of all cases caused by hereditary syphilis, and the well known physical signs are usually present. There is cranial asymmetry, flat upper jaw, the nasal bridge is lowered and often sunken in, in consequence of the changes in the nose. Not infrequently there is present a blenorrhœa of the lachrymal sac. The frontal eminences are prominent, the teeth are deformed—the Hutchinson teeth; instead of a straight edge of the incisors they are irregular or semi-lunar shaped. Or they are too small or even absent. Glandular swellings, especially upon the neck, and hard enlargements of the periosteum all point conclusively to hereditary

lues. Acquired syphilis and rheumatism are also causative factors in keratitis parenchymatosa.

Both eyes are nearly always attacked, but not always at the same time; in which case the patient usually declares that the appearance of the disease in the second eye is proof positive of inefficient treatment in the first and changes doctors unless the physician predicts the probable development of the disease in the other eye and thus prepares him for it.

This disease does not suppurate, and never ulcerates. There is, however, an extension to the deeper structures of the eye. The iris, ciliary body and choroid are involved, the choroidal inflammation being most noticable at the anterior part. The lightest cases show only a hyperemia of the iris, recognized by a slow pupillary reaction. In more severe types the iris becomes so much inflamed that it leads to the formation of posterior synechiae, deposits on the posterior surface of the cornea, seclusion and occlusion of the pupil. In particularly bad cases a plasic irido-cyclitis develops which results in a flattening of the cornea, or even in atrophy of the eyeball.

Treatment. General measures, tonics, the Iodides, and in severe cases, Mercury, although it is less efficacious here than in the acquired variety. It is best administered by inunction or by hypo in the glutei of a 1 per cent. sublimate solution with which is combined a 5 per cent. solution of sodium chloride. Injections once a day or every other day.

Local treatment early consists in protection from the light, atropine to protect the iris, and hot applications to relieve the irritation. In the period of regression, our efforts are directed toward clearing up the cornea as far as possible. For this purpose we employ irritants such as calomel, yellow oxide of mercury, hot steam, etc. These must be followed up a long time and changed at intervals, as any one remedy eventually loses its effect.

Before leaving the subject I wish to emphasize a point already mentioned, viz., the great importance of differentiating keratitis-parenchymatosa, and glaucoma. In the latter the tension is high. The haziness in glaucoma is due to an œdema, and quickly disappears upon the relief of the increased tension. The pupil is dilated, and the corneal epithelium is elevated in places so the surface is slightly uneven, and dull. As atropine is indicated in keratitis, and absolutely contra-indicated in glaucoma, we see the necessity for an accurate diagnosis.

As before stated, non-suppurative keratitis has two stages, infiltration and resorption. In suppurative keratitis we have three stages: Infiltration, suppuration and cicatrization or repair. The suppurative stage is divided into the progressive period—foul ulcer, and the regressive or clean ulcer. To the usual symptoms of pain, photophobia, lachrymation, etc., I wish to add one which I have so frequently found and which has often deceived patients and physicians, such deception leading to a serious loss of time in the treatment of the case, and that is that the patient feels that there is a foreign body in the eye and often goes from friend to doctor and from doctor to friend, all taking a swipe at it and if poultices and a flax-seed are added it all goes to make a bad affair out of an otherwise simple one.

The seriousness of an ulcer depends upon its location, virulency, and the direction of its extension. Marginal ulcers are, of course, not to be feared so much as centrally located ones; but a marginal ulcer may extend towards the center, and if so, every mm. of extension threatens the vision permanently. Most marginal ulcers, fortunately, have a tendency to extend in a crescent shape around the periphery of the cornea. Ulcers either extend forward over the corneal surface, or they burrow deeply into the parenchyma and these latter are dangerous on account of their liability to perforate.

It is obvious that the progress of an ulcer must be checked at the earliest possible moment. This can usually be done by the employment of the local measures, Atropine, heat, and pressure bandage, together with constitutional remedies to secure a freer elimination, and such remedies as Mercurius solubilis, Silicia, Hepar sulphur, and many of the tissue remedies. But if these fail to soon control it, a curettage of the entire base and the extension end of the ulcer must be made. If the excavation is already a deep one, and perforation therefore threatens, the curettage should be followed by a thorough sterilization by means of a cautery. For this purpose I employ either pure carbolic acid, and immediately neutralize with sodium chloride solution, or the actual cautery. By a prompt and thorough application of these measures we are usually able to prevent a most serious complication, one fraught with the greatest danger, not only the vision of the patient, but in certain cases the loss of the eye-ball itself, viz., perforation of the cornea.

This may occur spontaneously or as the result of a sudden increase in the intra-ocular tensions as by stooping, coughing or shutting the lids tightly together, as in children. For this reason it is safer to confine the patient to bed. When perforation occurs, the patient feels a violent and at the same moment a hot liquid (the aqueous) spurts out. The first effects are favorable. The pain subsides, the tension is lower and this, allowing, as it does, a freer circulation, hastens the healing process. But we find the anterior chamber obliterated, the eye soft, the iris and lens closely applied to the posterior surface of the cornea. And if the perforation be over the iris and large enough, we find a portion of the iris prolapsed, having been swept into the opening by the escaping aqueous. If the perforation is very small the iris simply adheres to the cornea at the point of perforation. In a perforation occurring over the pupil we are apt to have an adhesion of the lens capsule to the cornea which later becomes an anterior capsular cataract, and renders the eye practically useless as the opacity is central.

The prolapsed iris if seen early is easily drawn out and cut off, after which it retracts far enough from the margins of the perforation to not be caught in the cicatrix. If not attended to for a week or ten days after the perforation has taken place, the iris will be found firmly grown to the corneal tissue all around the opening. It is then necessary to first

free the iris by means of a blunt probe, passing it around the edge, being careful to not injure the lens. When wholly disengaged, the iris is drawn well out and cut off.

Secondary glaucoma is one of the serious results of perforation and anterior synechiae which closes the filtration angle and a consequent increase in the intra-ocular tension.

There are many interesting corneal affections which I must of necessity pass by in this brief paper. One of especial importance is the serpentine ulcer, ulcus serpens, the most violent and destructive of all ulcerative processes, and alone well worthy an exhaustive consideration at some future time. The infection is by the pneumococcus. The uveal tract is inflamed, hypopion is formed by a super-abundance of leucocytes and not pus as was formerly supposed. Herpes, corneae, pannus, fistlua of the cornea, lagophthalmus and many others I have purposely left in the background, believing that they are less important than the two varieties herein discussed.

[Toledo Hom. Club.]

Homoeopathics.

WHY STUDY HOMŒOPATHY?

BY T. G. ATKINSON, REPUBLIC, O.

Three broad and comprehensive reasons, having both a backward and a forward sweep, suggest themselves to the thoughtful mind for the superiority of the homœopathic school to the intending student of medicine. It crystallizes in its life and teaching all that is best in the past. It represents the alert and progressive element in the present. And it contains the pledge and promise of the future.

These three reasons, of course, admit of analysis into the several considerations peculiar to each of them, which should commend to the student's mind the claims of Homœopathy upon his choice. It shall be the purpose of this essay to point out the vital and practical significance of these fundamental features of Homœopathy.

I. It crystallizes in its life and teaching all that is best in the past. It may be argued with some show of significance that to the old school belongs a more venerable history. This is, indeed, true, and it is far from any honest writer's purpose to withhold from the old school any of the veneration due it. But every scientist, and certainly, every American, knows that the most venerable institutions are not necessarily the most potent ones, else would Spain's history be more significant than that of America, and Thessalia stand for more than Appomattox? The scientific and economic value of a past is only as it enables us to determine present and probable future influence on the world's progress. Hence the dimensions of the issues touched, and the way in which they are dealt with, and not its venerableness, constitute the significance of a past.

Measured by this standard the past of Homœopathy is a pregnant one, and in sharp contrast with that of allopathy. It boasts of a definite and honorable history. Born of the loftiest science and the purest logic; marked from its inception with a clear and single-eyed principle, well understood and well defined—a principle, it should be remembered, that has not required re-casting since its enunciation; received with a shameful and unparalleled intolerance; quietly and steadily gaining ground in the face of bitter opposition and selfish prejudice by virtue of its sheer reasonableness and irresistible showings; compelling respect and winning imitation even from those who openly opposed it; the history of Homœopathy, to say nothing of the largeness and dignity of its march, is replete with epoch-making elements.

Such a record of consistent purposeful progress, as compared with the threadless, disjointed miscellany of empiricism which makes up the history of allopathy, is immensely significant. While it may not, and should not, furnish to the thoughtful student sufficient testimony to the superior claims of Homœopathy, it should, at least, lead him to expect and seek for other and more conclusive evidence.

But there is more in the history of Homœopathy than this. Pure as was the reasoning and altruistic the motive of the founder of the new therapeutics, his system would justly have invited the criticism and contempt of scientific men if it had dealt only with deductive abstractions. This seems to the writer a point which is persistently overlooked by the critics of the school and woefully neglected in the teachings of its expounders. And this failure is responsible for much misunderstanding among both the friends and enemies of Homœopathy.

It cannot be too insistently pointed out that it is not the fanciful creature of one man's imagination, however lofty that imagination might be. So far as the actual perception and enunciation of the law is concerned, that, indeed, was the achievement of one man's brain, as the discovery of the law of gravitation was the work of Newton. But it should be constantly remembered that the law was deduced, not from the imagination of Hahnemann, but from the countless facts and phenomena that surrounded and preceded him. For him no more than for Newton is claimed any supernatural inspiration. But to these men belonged the largeness of brain and keenness of intellect to perceive and point out the significance of phenomena which to others were mere happenings.

The apple fell, the up-thrown stone returned to earth, and planets achieved their cycles, before all men's eyes equally with Newton's; but it remained for him to perceive the significant connection between these apparently chance phenomena. In like manner, the facts and findings of ancient and modern medicine passed in open vision before the eyes of all physicians alike; but it was reserved for Hahnemann to perceive in these seemingly disconnected phenomena a constant and unifying principle. To him belongs the honor of having gathered up all the results of research and accident in medical

history, sifted the vital from the incidental, and set them all within the pale of natural law.

This is, after all, the significance of Homœopathy's history to the student of medicine, for this is the fundamental service of Homœopathy to the medical world; that it has established the study of medicine, once for all, in company with every other science, on a basis of law. Even if the law of similia as enunciated by Hahnemann shall prove to be a mistake (as the years do not tend to show) yet would medicine's debt to him be greater than to any other of its masters, and Homœopathy's past be pregnant with significance. For wherever the influence of that past is felt, and the spirit of Hahnemann is dominant, it will no longer be possible for medicine to be studied other than as a subject of natural law and as a unit in the universal science.

II. It represents the alert and progressive element in the present. This is, of course, the feature of the matter which has the most interest for the intending student of medicine. As we have seen, the only value of Homœopathy's past is the light which it sheds upon its present and future, and the brief glance we took at the salient points in its history has been with this object in view. From such a history we should naturally expect to find the new school in the vanguard of medical and scientific progress; and the facts do not disappoint us. True to her lofty aim and single motive, Homœopathy is found today to be pre-eminently and characteristically the seeker after truth in her domain. All the cynical opinions of our allopathic friends to the contrary notwithstanding, narrowness and intolerance are not the possession of the Homœopathic school. That they characterize some individual Homœopaths does not alter the rule. On the contrary, bigotry and prejudice are utterly foreign to the spirit and practice of Homœopathy, as they are to all true science.

If it be true, as it certainly is, that Homœopathy has clung, since her foundation, and clings each year with increasing tenacity, to the principle of her being, the law of similia, it is only because the most exhaustive and impartial provings made by her own adherents, and the fiercest and most unsparing light that has been turned upon her by her enemies, have but served to establish more permanently and unshakably the efficacy of that law. If in the past the provings of Homœopathy had shown the law of similia to be unsound, as they have over and over again shown it to be sound, there was never an advocate of the new therapeutics but would cheerfully have surrendered his allegiance to it, and returned, not (fortunately) to the old lawless chaos, but to the search for another and a sounder law as his guiding star.

That catholic and scientific spirit still lives in the Homœopathy of the present day. There are no sneers on her lips; no bitternesses in her heart (though God knows she has cause for them); no prejudices of a hundred centuries blinding her eyes. To all the rage and ridicule of the past and the criticism of the present she has always opposed, and still opposes, calm reasoning. Her invitation to her critics is the invitation of all honest systems, whether of science or religion, "Come and see." The day of apologies for Homœopathy is past. She has no quarrel with allopathy, nurses no intolerance for anyone. Neither has she time nor inclination for argument for mere argument's sake. It is one of her rules of conduct to dispute only for the purpose of receiving light or imparting it. But no questioner has ever come to her in the spirit of honest enquiry and been turned empty away, or filled with the unsatisfying husks of abuse and personalities. She knows that in which she has believed, and is able to give a reason for the faith that is in her. Never having thrown stones at other people's glass houses she has not to fear their being thrown back at ehr. She welcomes truth and evidence, no matter from what source. Indeed, she recognizes that that which comes from the ranks of her opponents is the most valuable of all. And it is not her fault, but her vindication, that all such evidence has hitherto established more firmly the principle on which she is founded.

Such a school, untrammeled by any traditions, bent upon nothing but truth anl law even though these should involve the surrender of its dearest watchword, yet growingly confident in the countless and unanswerable provings of its principle; with no sneers to recall, no prejudices to overcome, no mistakes to undo, no bitternesses to heal, no dissensions to reconcile; such a school must certainly hold out to the thoughtful student of medicine prospects and advantages of no mean order. For it must be broadly apparent that such a school must of necessity be more than ordinarily receptive to all those influences and innovations which make for real progress and advancement. And by the same token it must also be peculiarly fitted to discern and avoid those specious will-o'-the-wisp fads which are today leading so many good men on fruitless quests, ending in disappointment and wasted effort.

But perhaps the most striking point of superiority in the homœopathic school to the intending student of medicine—and certainly one which he will find of immense practical importance—lies in that very adherence to the law of its being which its allopathic friends are fond of citing as evidence of its bigotry and narrowness. For here is all the difference between chaos and order, confusion and clearness, empiricism and law. It is futile to argue that Homœopathy is based upon empiricism equally with allopathy. The difference is that while Homœopathy is based upon empiricism, allopathy is empiricism. The simple but gulf-like distinction between them is, as we have seen, that while allopathy is still engaged in making empirical and disconnected experiments, Homœopathy has discerned and is still discerning the underlying principles of these experiments, has formulated a law in regard to it, and is continually predicting, with unerring certainty, the results of untried experiments.

The significance and practical value of this feature of Homœopathy to the student is incalculable. It means that instead of finding his therapeutics a bewildering mass of facts and opinions, in which he shall look in vain for a thread to guide him, or even

a classification to suggest an interpretation of the medley, to which a fresh mass of facts and opinions are being daily added in the same hodge-podge fashion, until his brain is dazed and his courage broken; instead of this he shall find a simple and clearly-defined law running through the whole like a guiding thread, by which all phenomena are tested, according to which all data are classified, and the operations of which are so uniform and constant that there shall be no room for opinion in his therapeutics at all. No matter how large the mass of facts; let them come, the more the better. Facts are what we want. The immense inflow of facts and observations cannot dismay the homœopathic therapeutist, for they are all classified and unified as soon as received. Every fresh observation is a new weapon whose proper place in his armory the Homœopath instantly knows, and which he is able to wield with unerring certainty in future conflict.

Is it necessary to point out to the intending student of medicine wherein this feature of Homœopathy offers him real and practical advantage? Does the thoughtful student care nothing for clearness of principles, simplicity of operation, directness of method, certainty of results, and all the saving of brain and time and money that they mean? Shall he not be assured of the largest progress and the highest success in a school where things are done by law, where no man's opinion can mislead him and no man's personality hypnotize him, because the law is for him no less than for his teacher? In short, is it not always and everywhere to the advantage of the student's brain and time and pocketbook to educate himself at that institution and in that school which sets up a definite goal and plays for it, opens its arms the widest to receive light and truth, and which shapes its course in accordance with a clear and well-defined system?

From all that has been said it follows as a natural, and one had almost said as an incidental sequence that the technical and educational facilities of the homœopathic school are of the most modern and advanced character. Incidental, however, only in the sense that all detail is incidental to its underlying principle. For from a practical point of view this resultant feature of the homœopathic spirit is of vast importance to the student. It could hardly be otherwise than that a school with a history like that of Homœopathy, and an attitude like that which she occupies today toward things scientific, should be in the very front ranks of those who demand thorough work and insist on every available facility for the accomplishment of it. A school whose claim to individuality rests upon the intelligent perception and utilization of all that was best in the past, and whose present day attitude is one of constant reaching after facts and provings, could hardly fail to be also a school which would eagerly seize upon all the fruits of modern skill and ingenuity and appropriate them to the furtherance of its ends.

An examination of the facts in the case show that Homœopathy has not disappointed these expectations concerning her. For a comparative tally of the homœopathic institutions of this and other countries with those of the other school develops the fact that not only are the former well abreast of the times in educational and technical equipment, but that many of these progressive features had their origin in distinctively homœopathic usage.

Although it is in her therapeutics that the homœopathic school is eminently superior, her excellence and the progressiveness of her methods is by no means confined to that department of medicine and surgery. The essential principle of her theory and practice demands that everything that can by any attainable means be discovered, bearing upon the cause and nature and treatment of disease, shall be known, and known with the greatest possible accuracy. Every available ray of light which can from any direction be made to fall upon the subject must be diligently sought and gladly welcomed, and every resource of laboratory and clinic must be exhaustively compassed to furnish data for the accurate interpretation of pathological and symptomatic conditions. Hence the laboratory and clinical facilities of the homœopathic schools of medicine are always found to constitute a prominent feature of education, to be equipped with all that modern knowledge and mechanism can suggest, and administered in a characteristically broad and progressive spirit.

Especially is this true of the clinics. While there is no disposition on the part of Homœopathy to neglect or to underrate the value of the microscope and the reagent, but, on the contrary, as we have seen, every incentive to appreciate their advantages at their full value, it is peculiarly the principle and policy of the homœopathic school to bring her students into early and frequent contact with disease as it manifests itself in the living subject. By these means he is, at the same time, familiarized with the appearance of the disease in the form of which his practice will require him to encounter it, and afforded an opportunity of observing and interpreting that "totality of symptoms" which forms the basis of his theory. It is confidently claimed for the homœopathic school that its frequent and widely attended clinics are a characteristic feature of its education. And this for the reason that the homœopathic principle of theory and practice absolutely demands the constant and thorough study of disease in its complete and symptomatic manifestations. So truly is this characteristic of Homœopathy that the increased importance recently attached by other schools to the clinical methods of instruction is due in large measure to the influence and example of the new therapeutics. And further, to Homœopathy belongs the credit of having overturned the pernicious practice of studying diseases (in the plural) under arbitrary and stereotyped classifications, and substituted for it the scientific study of disease (as a condition) as manifested by its clinical phenomena.

Enough has surely been said to convince the thoughtful and fair-minded student of the justice of the claim made for the homœopathic school that it stands for the alert and progresive element in the present, and to press home the influence of this claim upon his choice. There is, however, one

more large and important consideration to be thrown into the balance.

III. It contains the pledge and promise of the future. The thoughtful student is interested in asking as to the future of the system of medicine which he purposes to make his own. And when a statement is made such as that which heads this paragraph, he has the right to enquire upon what ground it is based. What are the specific reasons, if any, which should lead anyone to conclude that in this particular school more than in any other are to be found the pledge and promise of the future?

The reasons are both circumstantial and inherent. They are to be found both in the history of the system and in the system itself; and both should already have become apparent to the thoughtful reader of this essay. Circumstantially we can estimate the future of a movement only by its past and present. The history of Homœopathy has been, as we have seen, an uninterrupted record of quiet, purposeful progress. Opposed from its beginning with all the virulence that spite and prejudice could inspire, and fought with every weapon that wealth and influence could furnish, it has steadily won its way to recognition, not by retaliation, for it had no spites to wreck, and no money to fight with, but by the irresistible power of its own reasonableness. Eagerly accepting light and criticism even from those who were bitterly its enemies, it stands today in the same attitude that has always characterized it from its foundation, staking its existence on the validity of its law, ready to formulate a fresh law if truth shall demand it, but increasingly confident in the soundness of its present principle.

It requires but little prognosticating skill to foretell the future of such a system. It has been already stated, and it may here be repeated, that even presuming time and larger knowledge shall show the law of similia to be unsound, or to constitute only a phase of another and vaster law, still is Homœopathy the system of the future. Not that the law of similia is at all likely to fail, any more than the law of gravitation, for it has proved itself with equally invariable constancy. But the point is that the future of Homœopathy rests upon an even surer foundation than her law of similia, and that is, her establishment upon law. For it is to those who focus their telescopes upon the farthest limit of the heavens that the new planet presently sweeps into view. And if, in the mind-widening process of the suns, the time shall ever come when the law of similia shall be superseded by another and larger law, it will be to those who have boldly followed the leading of the lesser law that the revelation will come. All that the future has in store for the science of medicine is the natural and inalienable birthright of Homœopathy.

All that has thus far been said has had application chiefly to the interests of the student of medicine as a scientist, for the writer is not enough of a cynic to doubt that to this loftier element in the physician, the most effective appeal can be made. Nevertheless, there is another side to the profession —a perfectly legitimate side—and another period in a student's life than that of preparation and education. He has a right to ask concerning the financial prospects of the school which he is to make his choice. It is not required of him in these later days to make a martyr of himself in the interests of Homœopathy. We have already said that the days of meritorious sacrifice for the cause are past. It is perfectly proper for the intending practitioner, summing up the pros and cons of the homœopathic school, to ask, among other things, does it pay?

It is a question which hardly admits of an answer by any process of reasoning. There is nothing either in the history of Homœopathy or inherent to the system which will ensure its followers financial and commercial success. It depends so largely upon conditions independent of any school. It is, however, worth pointing out that financial success, other things being equal, is commensurate with professional success. And it is a matter for the student's judgment whether practice conducted in accordance with well defined laws, and equipped with such progressive advantages as we have seen pertain to the homœopathic school, does not offer, at least, as good a prospect of professional and, therefore, of financial success as a school which has no guiding principle and is handicapped with a long inheritance of fogeyism. For the rest, the student must look around him and observe for himself. Comparisons in this respect are odious, and savor considerably of snobbishness and brag. Yet it is in no boasting spirit that attention is called to the fact that in the cities and towns, and even in the villages, of this country, the homœopathic practitioner will usually be found occupying, at least, as desirable a house, driving as good looking a team, and eating as many square meals a day, as the other medical men of whatever school they may be. Of course, these are mere appearances, and appearances are said to be deceptive. But it is as far as we can go in the matter, and we presume the student can go farther—unless, indeed, he happens to have an extensive and intimate acquaintance among both homœopathic and other practitioners, and is in a position to possess confidential information for the purposes of comparison. The chances are that even in such a case the comparison would not be disadvantageous to Homœopathy.

It has been repeatedly affirmed that Homœopathy does not indulge in personalities. She can afford to be fair, and even magnanimous. It has been the aim and intention of this essay to live up to that reputation. Its purpose has been to demonstrate the superior claims of the homœopathic school upon the student's choice, not at the expense of, but by a fair and honest comparison with, the other school. Above all, none of the strictures upon other schools which may have crept by implication into this paper are intended to reflect upon individual adherents or institutions of those schools. It is not a comparison of individuals but of systems. What is attempted is to show that, by its essential principles, by its history and growth, by its present attitude and equipment, and by the assurance of its future, the homœopathic school, as a school, holds out to the intending student of medicine claims and opportunities and prospects superior to those of any

other school. There is no royal way of convincing upon this point. It is for the student to examine, thoughtfully and with an unbiased mind, the arguments here and elsewhere presented, and judge for himself whether these things be so or not.

THE SELECTION OF THE FAMILY PHYSICIAN.

BY W. L. LOVE, M. D., BROOKLYN, N. Y.

In selecting the family physician the careful man does not call in Dr. X because he is "close by," nor Dr. Y because he is "cheap," nor Dr. Z because he "drives a handsome equipage." He looks for a man in whose skill he has the utmost confidence, in whose professional judgment he can rely implicitly —a confidant whose secretiveness is equal to that of his lawyer, whose moral character is as far above reproach as is that of his spiritual adviser—a man upon whose sympathy he can count in time of trouble as he can upon that of a bosom friend.

Should he be young or old? In probably no profession is age or the appearance of age more valuable to the beginner. This accounts for the many carefully nurtured beards, or aspirations thereto, that are cultivated by the youthful disciples of Aesculapius at the threshold of their career.

Given two recent graduates of a medical college —one a smooth-faced chap of twenty-one or two, and the other a man of forty who enters upon a medical career, after a period of varying successes of failures in other lines in his early manhood, and at the end of two years the latter, with an expenditure of an equal amount of energy, will have a much larger clientele. At the end of ten years this may be reversed. By that time the public will have had an opportunity to "size up" the men for what they are, but at the start a bald head or a bewhiskered visage is a decided asset. Why is this? Simply because a great deal depends on the first impression.

The story is told of a young physician who was called in an emergency by an anxious parent to attend a suffering child. After a prolonged examination the frightened mother asked him, "What is the matter with my baby?" "Well," said he, after a pause, "I don't know exactly what's the matter now, but it looks to me as though pretty soon that child would have fits, and I am away up on fits."

The great proportion of our medical college graduates, as soon as they obtain the coveted diploma, secure an appointment as resident physician in a hospital. The inestimable advantage of this is apparent. In the cloister of the college halls a man must get his knowledge of the theory. The application of that theory comes later. He must practice on somebody. How much better it is if that "trying out" period can be passed under the guidance and watchful eye of the experienced visiting staff of a large hospital. After a year or two of such service a man "hangs out his shingle," not as a fledgling, not as an amateur, but as an experienced physician; for he has certainly had the equivalent in experience of ten or fifteen years of private practice. He thus has experience as an asset, which is one of the cardinal points to be considered in the selection of a family physician.

I remember at the dinner-commemoration of the tenth anniversary of my own graduation, as the men, gathered from the East and the West to renew old college acquaintance, gave one after another a recital of their individual experience. A man who immediately after graduation had located in a country town, gave this version of one of his earliest experiences:

Said he, "You fellows who had the benefit of a hospital course don't begin to appreciate the difficulties of beginning practice. Shortly after I hung out my sign, a big Swede routed me out of bed about three o'clock in the morning. I drove with him about eight miles through the country, and found that there was soon to be an addition to an already large family. All I knew about such things came from my lectures and text-books. I had never seen a confinement case myself. Fortunately for me they had an experienced nurse, and she looked after the things, while I looked on. It was a perfectly normal case, and everything came along all right. I had sense enough to keep my mouth closed, and I was tremendously relieved to hear one of the neighbors in an adjoining room, where she was washing the newborn baby, as she said, 'Well, that young man certainly knows his business.' I have had cold shivers since, as I have wondered what I would have done had that case been like some of those I have since encountered."

It is a great art in any line not to let others know all that you don't know. (It might be well to mention here that now no man is allowed, in most of the medical colleges, to obtain his diploma until he has attended at least five or more confinement cases, and so it should be.)

In making the selection, then, of a family physician, we must consider that his personality, his character, his discretion, his habits, his standing in the community, his experiments, and last but not least, his "get-at-able-ness," he must be dependable, he must come when wanted, day or night, and he must keep his office hours. After this it is the personal equation that determines. Some prefer their family physicians to be of the dignified and severe type, others one who is jolly and lively. Some prefer the scholarly, studious type with a passion for details, others the big, bluff, happy-go-lucky fellow who wears tan shoes, with a high silk hat and short coat, who has a joke for everybody in the household from the grandmother to the colored maid who opens the door when he makes the morning call.

Success in the practice of medicine consists in —providing a man "knows his business"—not so much how much he knows, but the way "he takes" with the people. No man can buy a practice or have one given to him, except, of course, in a small town where there is no competition.

Everyone in a city has a second choice, and to buy a good will of a medical practice is to buy something intangible, and that cannot be delivered. I know of a young doctor, possessed of a fine physique and appearance, whose father, desiring to "start him right," paid several thousand dollars to a physician retiring from general practice in a suburban town for his "good will."

As a result of this investment the young man received the patronage of two families, both of whom

left him inside of a year, because he "didn't take" with the children.

The tribulations of a young doctor struggling for a practice are many and varied.

If he call to see a patient frequently, the public say that he is trying to run up a bill. If he dosen't it is shameful neglect. If he manages to get to church and is called out, he is "working an old dodge;" if he is too busy to go, it is because he is not interested in church affairs. If his wife calls on people it is because she is trying to get patients for him. If she does not, it is because she is too proud. If he cures a patient quickly, she was not half as bad as he tried to make out. If he does not it is because he does not understand the case.

If a consultation is suggested, it is because he doesn't know what is the matter. If he says it is unnecessary it is because he is afraid of showing his ignorance. If the patient gets well it is the goodness of Providence. If he gets worse it is the fault of the doctor.

If he sends his bill promptly he is in a hurry for his money, if he doesn't he is unbusiness like.

Having outlined the attributes desirable in the selection of the family physician, we are confronted with the important question, What school does he practice?

In a great political organization there are always progressive men, honest and earnest, caring more for truth and right than for preferment, who are obliged, through the non-adoption of their principles by the regular organization, to go outside the dominant party and become irregular, i. e., outside of the dominant organization. When these reforms are adopted, when these truths which they have grasped and for which they have fought, are acknowledged and incorporated into the party platform of the regular organization, there is no further need for a separate existence.

In medicine, the dominant organization with a tenacity of purpose begotten successively of bigotry, intolerance, jealousy and stubbornness, has persistently refused to accord to Hahnemann the place to which his discoveries in materia medica and therapeutics entitle him, and so his followers have been forced to form a separate school—the homœopathic. "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of Similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." This is the definition adopted by the American Institute of Homœopathy. He is required to pass precisely the same examinations as his old school brother plus the homœopathic materia medica. Indeed so much stress is laid upon the action of drugs, that an educated homœopathic physician is acknowledged to be a therapeutic specialist, that is, a specialist in the art of prescribing. Is not this a pre-requisite in the selection of the family physician?

The first great error in the idea of Homœopathy is that it is a science of infinitesimal doses. It is so often said that such and such a thing was given in "homœopathic doses." Never was an expression more fallacious. The size of the dose has nothing to do with making the Homœopath. Dr. A who puts twenty drops of the tincture of Belladonna in half a glass of water is just as good a Homœopath as Dr. B who uses the Belladonna in potency; provided, that the drug is administered according to the law of "Similia." Common sense demands that the dose be such as to cure the disease without injury to the patient. Some think that medicines become more powerful as they become attenuated, developing a hidden power by trituration, succussion or potentization. Others do not believe this, and do not employ the attenuations. Common sense also decrees that if one drug will effect the cure, more than one is not only superfluous, but unnecessary.

Hahnemann strongly condemned the administration simultaneously of a number of medicines. He pointed out the value of the single remedy given only after its known physiological effect in toxic dose upon the healthy—likes are cured by likes. This discovery which was to revolutionize the practice of medicine, was made by Samuel Christian Friedrich Hahnemann, who was born in Meissen, in Saxony, April 10, 1755. He took the degree of M. D. at Erlangen, in 1779, and after practicing in various places, he removed to Leipsic and devoted himself to the translation of medical works. While working at Cullen's Materia Medica, he was struck with the contradictory accounts given of the properties of Peruvian bark. He had previously been greatly perplexed by the unsatisfactory state of the medical knowledge of the day, when, after many experiments and much study, he found that in a given case of disease it is only necessary to discover a drug that can produce in the healthy individual symptoms similar to those of the disease to be cured. What is the law of Similia? It is that the cure for a disease is the drug, which would, in a healthy person, produce the symptoms of such disease. Similia Similibus Curantur—likes are cured by likes. That is the law of cure of the Homœopaths. What is the law of cure of the old school?

H. C. Wood asserts we must discover what influence a drug exerts when put into the body of a patient before we can use it rationally. Is not that Hahnemann's view precisely? Is it possible to prescribe rationally a medicine compounded of several ingredients? Is it possible to presribe any drug rationally excepting the individual remedy whose properties we know from its action on the healthy? If this be so, is not every compound prescription irrational, experimental and unscientific? Hahnemann taught that disease consists of the combination of symptoms experienced by the patient-subjective, together with those detected by the physician-objective. He found that the most successful prescribing was that which considered the totality of the symptoms. This in itself was one of the greatest medical discoveries. It meant the study of the patient as an individual. It meant the specialization of the symptoms; it meant that the patient must be impressed that no symptom is too unimportant to note. Objectively, it sounds the deathknell to the careless and hasty prescribing. It commanded on the part of the physician attention to detail. It demanded a careful physical examination. It banished the shot-gun, hit or miss, prescription, by enforcing thoroughness on the part of the prescriber. To make a homœopathic prescription it is

essential to study the patient. Thoroughness cannot be escaped. To make an "allopathic," or "orthodox," or a "regular" prescription, you can put in any old thing. If you get in a little more than you want, put in something else to correct it. If you "slop over" a little now on a certain drug effect, you can put in a little something more to correct that. Then put the whole thing together in some syrup. Mix and shake well, and you have your compound prescription. Take a tablespoonful before meals, a cathartic pill after, a few grains of quinine night and morning, and a dose of sulphonal before retiring to insure sleep, and you have a typical up-to-date prescription from a "regular" physician, who frowns on Homœopathy as being "unscientific."

If Hahnemann had taught nothing else but drug pathogenesy, had he discovered naught but that diseases are best treated by studying the symptomatology, and by treating by a single drug, had he enforced nothing else but that a patient must be thoroughly examined before being prescribed for, he would have deserved from suffering humanity a monument as enduring as the Egyptian pyramids. A homœopathic physician is forced to study his patient; he must study his drug; he must be thorough in his prescription.

If a medicine has a specific action upon an inflamed area, common sense commands that we give the minimum dose, that is, just enough to accomplish the desired result, no more, no less. A large dose of bichloride of mercury will act as an irritant to an already inflamed large intestine, while 1-100 grain doses, says Ringer, "rarely fail to free the stools from blood and slime," that is, "rarely fail" to remove the very condition, which the bichloride in large doses, produced. In health the body offers a certain degree of resistance to disease-producing agents. The dose must be just small enough, or just large enough, to neutralize the disease action. Hahnemann used 1-1000 grain of bichloride in 1799. Ringer 1-100 in 1879. Many of the most successful practitioners prescribe the tinctures almost exclusively. Others as the result of their individual experience prefer the dilutions—some high, some low—depending on the drug used and the idiosyncrasy of the patient.

The elementary branches are taught just as thoroughly in our leading homœopathic colleges as in our leading old school institutions. Anatomy, chemistry, physiology, histology, urinary anaysis, practical microscopical and laboratory work, in all these the student is as thoroughly drilled in the homœopathic colleges as in any other. Individual instruction is the sine qua non, and from observation of the homœopathic institutions, I emphasize the fact that in no other colleges in the country is more attention paid to individual instruction than in our leading homœopathic colleges.

Fifty years ago the allopathic colleges gave a vastly better course of instruction, because the Homœopathic paid all their attention to drug action and materia medica to the exclusion of everything else. There were no homœopathic surgeons, and the belief was widespread that Homœopaths did not believe in surgery. Why were there no homœopathic surgeons? Because Homœopaths were getting such marvelous results from their prescribing that they devoted all their attention to drugs. They were excellent prescribers, but they were not well-rounded physicians. In their enthusiasm the pendulum had swung too far in the direction of therapeutics. Then came that young Lochinvar from the West, that pioneer surgeon among the Homœopaths—William Tod Helmuth—and he lived to see the day when each of our largest cities in our great United States numbered among its most successful surgeons members of the homœopathic school. And as the mantle of Elijah fell upon Elisha, so has the mantle of Helmuth descended upon a host of the younger men, his students in the great metropolis, men whose surgery is unsurpassed by any in the country, men who are being heard from now and who are going to be heard from in the next ten years, men who are proud to claim their allegiance to the homœopathic school. Even now we have not made the researches along other lines that they have in the dominant school. There are two reasons for this: We are not so great, numerically, and secondly, so many of their men are so disgusted with their unsatisfactory and unscientific therapeutics that they have turned from drugs to other spheres of bacteriology, microscopy and pathology. Then, again, they have received financial support from the Gvernment to make researches, while we have, as a school, made no effort to obtain such support. But that is coming. Our research has been along the lines of drug pathogenesy, of drug proving, while theirs has been along other scientific lines.

The homœopathic physician has had equal advantages in the study of surgery, pathology, bacteriology, chemistry and diagnosis; the post-graduate schools are open to him and solicit his patronage; the State boards require him to pass exactly the same examination, with the exception of therapeutics, that is, required of his old school brother before admitting him to practice as a regularly licensed physician. In other words, he has studied all that they have plus the homœopathic application of drugs. He is necessarily well versed in the physiological action of drugs, having had to study the drug action to learn its therapeutic application. And when he has graduated and received his license to practice he is just as regular as any physician in the country. A regular physician is one who is graduated from a regularly chartered medical college. We are no less regular because we know more of the materia medica than they do.; we are no less regular because we practice medicine according to a scientific law of cure; we have laughed at their assumptions of "regularity" because we are outside of the dominant organization, but that time is past. We are all physicians. We are homœopathic physicians, if you wish to make this distinction, but we are all regular physicians. There is a place in general medicine for antidotal medicine; there is a place for palliative medicine; there is a place for mechanical means, for massage, Swedish movements and osteopathy. All these are therapeutic agents of proved value, all these have accomplished results of greater or less permanency, they are all adjuncts to the practice of medicine, and in some cases are better indicated than any homœopathic remedy. There is a large and growing

sphere for electro-therapeutics. I have seen cases of neuralgia and rheumatism cured by static electricity that had resisted all efforts of conscientious old school as well as homœopathic prescribers. The X-ray is working undreamed of cures of lupus, indolent ulcers and cancer. The high tension current, the hypostatic, is a most valuable adjunct to the remedy in the treatment of many skin affections, and many ailments are only cured by regulating diet and hygiene. We are in the age of progress, of prophylaxis, of preventive medicine as well as curative, and the true physician will investigate every means, regardless of any personal prejudice, and will bend every effort to cure his patient in the quickest time.

Had the great discovery of antiseptic surgery been rejected by a portion of the medical profession, in justice to humanity, the disciples of Lister would have established a separate school to promulgate his teachings. Had the advances in cellular pathology been scoffed at and ridiculed, Virchow would have been forced to antagonize the dominant school by asserting the scientific value of his discovery, and until the therapeutic discoveries of Hahnemann are acknowedged and taught, we must continue to be a separate school. But the day will come when there will be a chair of Homœopathy in every medical college in the land; the intellectual night of therapeutic empiricism will be dispelled, and the name of Hahnemann will stand with Lister and Virchow and with Morton. Then all physicians will be equally well taught in the materia medica and in the subtle and mysterious range of drug action. But until that time comes, the best educated and the best equipped physician to treat the sick is the disciple of Hahnemann, and that is the reason why we find in so many of our educated, thinking families that the selection of the family physician is a Homœopath.

FIFTY REASONS FOR BEING A PATRON OF HOMŒOPATHY.

BY ONE WHO IS.

First. Homœopathy is founded upon a law which is expressed by the words, Likes are Cured by Likes. This law permeates everything in nature, and is as easy to comprehend, as the fact that sunshine begets happiness and cheer, while darkness begets despondency and despair.

Second. Homœopathy derives its knowledge of the action of medicines from experimenting with them on the healthy human body instead of upon animals of the carniverous, herbiferous, ruminant or other differing types. It is known that what will poison a human being is often eaten with perfect safety by animals; for example, rabbits, animals upon which the old school rely extensively for experimentation, will grow fat upon belladonna leaves.

Third. The dose of homœopathic medicine is only that which is needed, is consequently small, and does not disarrange the whole body in its endeavor to make a single diseased part of it well.

Fourth. A single remedy at a time is employed by Homœopathy, and the necessity for correcting its action, or the reinforcing of its power, is regulated by increasing or diminishing the dose and not by the introduction into the system of other medicinal substances which are often in themselves harmful.

Fifth. Homœopathy recognizes that diseased parts and organs are more sensitive to impressions than healthy ones, hence the dose of medicine need not be as strong to accomplish a cure. It is well known that a healthy eye will bear millions of rays of light, while a sick or diseased eye will suffer pain and discomfort from a single ray.

Sixth. By giving a small dose and a single remedy there is no danger of setting up a drug disease in the system, and any oversensitiveness to a medicine is readily observed and controlled.

Seventh. The dose being small and under control always, the danger of setting up drug habits, such as morphinism, cocainism, etc., is avoided.

Eighth. Palliative measures are for the most part unnecessary in Homœopathy, and the administration of opium, morphine and such narcotic substances is the exception in Homœopathy rather than the rule, as in the other school.

Ninth. Homœopathy recognizes the necessity for palliation in incurable affections, and has its own means for this palliation, which are safe and certain.

Tenth. Prevention of disease is one of the chief features of the homœopathic system of medicine. It has medicines which, if given after exposure to contagious diseases, will prevent their development.

Eleventh. While preventive and palliative medicine are practiced by homœopathic physicians, the special field of Homœopathic is curative medicine.

Twelfth. The removal of the products of the disease does not constitute a cure. Blowing the nose will not cure a catarrh, but a removal of the cause will. The removal of the cause is often a hygienic measure, but the restoring of the tissues to health is best accomplished by homœopathic medication.

Thirteenth. Homœopathy does not seek a transient improvement, which is usually followed by a relapse, but a permanent cure.

Fourteenth. It is recognized that the course of disease is often masked by violently suppressing such symptoms as pain, which is merely a cry of nature that something is wrong. One would not be wise to give a babe crying from the prick of a hidden pin an opiate. It would promptly relieve the pain, but on awaking the pin would still prick. A gall stone which causes intense pain cannot be removed by opium, the pain may be deadened and the patient remain comfortable, during which time the gall stone, whose presence now is masked by the patient's comfort, may ulcerate through into the abdomen and the patient die.

Fifteenth. Homœopathic medicine in a case like the foregoing would either facilitate the passage of the stone or show that surgical interference was necessary. If homœopathic medicines did not relieve the pain in a short time it would prove that no other medical means could do it.

Sixteenth. Homœopathy is founded upon law,

not upon experience. It recognizes that no two patients are the same, and that no two patients suffer from the same disease in exactly the same way.

Seventeenth. Homœopathy does not treat diseases by name, it treats patients by their symptoms. It individualizes each case and fits its curative remedy or remedies accordingly.

Eighteenth. When the proper remedy and the proper dose is selected there is not the necessity for so frequent repetition of the medicine. The fact is recognized that the less medicine a person takes the better it is for him both in sickness and in health.

Nineteenth. As homœopathic physicians treat symptoms and patients instead of diseases by name, the naming of a disease has no special effect on the treatment. While homœopathic physicians are expert diagnosticians, they can treat cases without making a diagnosis. Many cases of mistaken diagnosis have resulted fatally in allopathic hands, for with them diagnosis is a necessity for successful palliation.

Twentieth. Homœopathy takes into consideration the diseased anatomy of the patient, but it recognizes that theories respecting disease can never form a basis for successful treatment. An eminent English surgeon stated that in twenty-five years he had to learn and unlearn five different theories of inflammation, and, consequently, five differing modes of treatment.

Twenty-first. Homœopathy takes into consideration the mental condition of the patient, and has studied the influence of disease upon the mind. It is well known by everyone that the consumptive is hopeful, while the dyspeptic is melancholic; that the febrile patient is anxious and restless while the patient with brain symptoms is often delirious.

Twenty-second. Though it regards mental symptoms it is not a faith cure nor is it Christian science, yet its physicians recognize always the good in all systems, and the fact that hope, will power, and good cheer are great helps to health.

Twenty-third. That it is not a faith cure is proved by the fact that animals are successfully treated by Homœopathy, and it is universally acknowledged that the system is eminently successful in children wnere the faith element is lacking.

Twenty-fourth. If it is successful in children, as nearly all assert, even those who employ allopathy for themselves, it is an argument in its favor; for it is well known that infant mortality and the mortality of early childhood is greater than at any other period of life. Parents should be willing to trust themselves to a physician with whom they intrust the lives of their children.

Twenty-fifth. A homœopathic physician is not a quack, for quackery is secret. Homœopathy courts the fullest investigation and practical comparison with any other medical practice.

Twenty-sixth. There is an economical side to Homœopathy. A patron once said: "I do not have to support a doctor and druggist, too."

Twenty-seventh. Homœopathic physicians dispense their own medicines, thus the mistakes of druggists and druggists' clerks are avoided.

Twenty-eighth. The preparation of homœopathic medicines is conducted with much more care than the preparations of the ordinary drug store. For instance, the homœopathic tincture of blood-root is made only of pure blood-root, while the drug store tincture of this substance contains acetic acid. Much care and nicety is required in preparing homœopathic medicines.

Twenty-ninth. The homœopathic physician has a wide range of different medicines and different strengths of medicines, and by dispensing them himself he avoids all uncertainty.

Thirtieth. The duration of disease is shortened under homœopathic treatment by avoiding strong medicines; there are no tired organs and tissues to rest up after the disease has subsided. The period of convalescence is shortened.

Thirty-first. Homœopathy prevents the devlopment of disease, and thus by arresting growths the surgeon's knife is less frequently called into requisition.

Thirty-second. Malignant diseases are prevented by homœopathic medication, their growth stopped, and such diseases as arise from heredity are hindered by homœopathic medication. Cancers are cured in their incipiency and tuberculosis is arrested. It is in these most serious affections that the system has won many laurels.

Thirty-third. Homœopathy is not a fad. It pays no attention to the problematical discoveries of laboratory medicine further than to seize upon the verified deductions thereof. It does not subject its patrons to experimentation.

Thirty-fourth. It is not an uncertainty, guided by its law of cure it is able to positively predict results and give assurance to the patient.

Thirty-five. It is a simple system of medical treatment. Its medicines are given in a pleasant way. It has no nauesous draughts, no disgusting applications, no violent measures. It regards the human system as a wonderful organism, and does not believe that all the medicine it can bear is necessary or safe.

Thirty-sixth. Homœopathic medicine has abolished blood letting, the application of leeches and to a large extent the use of purgatives and emetics.

Thirty-seventh. It recognizes that many affections must be treated by chemical means, such as poisoning cases, that others must be treated mechanically, others electrically. There is no branch of medical treatment known to the allopathic physician and not to the homœopathic physician. He possesses in addition to the allopath a knowledge of Homœopathy.

Thirty-eighth. The crude attempts of allopathic physicians to simulate Homœopathy in their dispensing of medicines is not Homœopathy.

Thirty-ninth. The taking of medicines from the druggist that simulate homœopathic remedies, or even the taking of homœopathic remedies, prescribed by druggists or allopathic physicians with no regard to the law upon which they should be prescribed, is not Homœopathy, and if failure result when so prescribed it is no fault of the system.

Fortieth. Homœopathy has made the most wonderful progress of any system of medicine the world

has ever known. Had it not had truth to back it, it would have died, as the opponents of the system prophesied half a century ago.

Forty-first. Eminent men all over the world have embraced its principles. Committees have been appointed to investigate and refute it, and the committees themselves have become converted. Professors in universities have been selected to deal the system death blows, and have openly acknowledged its benefits and the scientific basis upon which it rests.

Forty-second. All the advances in the development of a knowledge of the actions of medicines on the human body during the last century have been made by homœopathic investigators.

Forty-third. Whenever it has been tested, side by side, with allopathic medicine, it has shown itself to be superior not only in reducing the mortality of disease but in lessening the duration of the illness.

Forty-fourth. It has reduced the mortality of pneumonia from twenty-four to six per cent.; that of cholera from fifty per cent. to fifteen; that of yellow fever from eighteen per cent. to six, and these are the most fatal diseases that the human body is afflicted with.

Forty-fifth. Homœopathic physicians are the peers of any in medical knowledge, they know all that allopathic physicians know, plus the science of homœopathic medicine.

Forty-sixth. The best people of the land, those of high mental attainments, workers in the field of literature, science and the arts, have been patrons of Homœopathy. Longfellow, Hawthorne, William Cullen Bryant, Wendell Phillips, Horace Greeley, Henry Ward Beecher, and Peter Copper, are but a few of the eminent patrons of Homœopathy that might be mentioned.

Forty-seventh. The fact that Homœopathy has been the subject of allopathic persecutions is in its favor, for Homœopathy is the only reform that has ever invaded the field of medicine, and shaking the foundations of the dominant school as it has done, has subjected it to some abuse.

Forty-eighth. Modern science, in its wonderful development along the line of the X-ray, radium and other substances of infinitesimal force, has corroborated the fact that the small doses of Homœopathy have an action no less forceful or wonderful.

Forty-ninth. The appearance of a sick room where Homœopathy is employed is in marked contradistinction to one wherein allopathy is used. The latter would furnish material for the pen or pencil of a Cruickshank with what Burns expresses—

"A' kinds of boxes, mugs and bottles,'

while the former's properties would not cause a scream, protest, kick or contortion from the most timorous child.

Fiftieth. Curing in the quickest, safest, pleasantest manner, the severest diseases, adaptable by its mildness to all ages, manners and conditions, Homœopathy must appeal to all as the only scientific system of medicine.

Correspondence.

LETTER FROM THE PRESIDENT OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

Dear Mr. Editor:

In a recent issue of the Medical Century there appears a quotation under the healing "Protecting the People of California." The author of this extract has made it especially applicable to me, otherwise it might have been passed up to the fate of like unjustified complaints.

To come to the facts of the case, let us first consider that the allopathic persuasion are in favor of a law that will admit all physicians to an equality(?); thus a board consisting of representatives from the Allopathic, Homœopathic, Eclectopathic and Osteopathic creeds. To offset this the subjects responsible for distinctions must be eliminated, and, strange as it may seem, the Allopaths carry their views to the Legislature and secure their incorporation in a law to regulate the healing art.

But stop! I might possibly fall into the error of discussing the right and wrong of it, when the necessity of living with the law is really the issue.

The all suitable law is not yet with us and we are compelled to live with such as we can get. This applies not only to the medical profession, but with equal force to other walks of life. How inconsistent the law relating to bribery has appeared to some of San Francisco's citizens, but it is ever thus, so let us return to the phase of real importance.

I will not attempt to convince you that all the ten questions picked out are reasonable, practical questions; out of one hundred or more questions asked, some few might be taken as unpractical and that be credited or charged to a difference of opinion.

The first question is an elementary test in histology, neither unfair nor catchy, and who can treat and correct diseased conditions of the eye without a knowledge of its structure. The layers of the retina I was taught when I first entered college, and was always reminded of them in connection with sight.

While for the second it may require a plumber, a practitioner should know the principles involved, and the uses of a septic tank.

The phenomena of indirect cell division are too important to be overlooked, or be ignorant of.

The fourth test you have criticised is strictly elementary, and should only be objected to on account of its simplicity.

Question number five comes to the writer's subject, and it is so elementary that practically all applicants attained from seven to ten credits out of a possible ten. It is folly to discuss the fairness and practical application of that question with anyone who has even read the title on the cover of a quiz compend on Bacteriology.

Out here in California, where we have been menaced by plague, it seemed expedient that our prac-

titioners have some working knowledge of the organism that was the cause of the trouble; very creditable answers were received.

CHCl3 is a very short answer to your number seven, and again simplicity is the only just criticism. The same be said of the remainder.

Pray tell me why teach chemistry, bacteriology or histology, if such important but elementary tests are to be called unfair and unjust; does it look awful to see if the applicant knows the difference in the formulae of wood and grain alcohol?

Applicants, note what I said, not fossils, are coming before the board right along and attaining good averages with up to thirty, plus years of practice. One recently, with scarcely any plugging, attained a general average of eighty-one, plus, per cent., and fifteen per cent. for thirty plus years of reputable practice, gave him ninety-six per cent., plus. This is just one instance, similar cases are not isolated.

The discussion of your critic's grievance would only occupy time and space, but I will say this, that usually those who are now complaining of that phase of the law, neither went to the Legislature or contributed to anyone else going. I hope in your own locality your critic has clean skirts in this respect.

I took the examination in July, 1904, attained an average of eighty-five, and five-ninths per cent. Among the tests was the recognition of twenty-four hour bacterial cultures in tubes, identification of stained bacterial and tissue sections, examination and decision of X-ray plates and gross pathological material. I drew the bacillus Lepra for my bacterial slide, and a cirrhotic kidney for my gross pathology. Beware how you place your 100 to 1 shot; somebody may take you up.

The only conclusion open, granting your critic voices a popular sentiment, would be the degraded and retrograde condition of the practice of medicine peculiar to your locality. If he were to be judged by his last sentence his criticism would be unworthy a reply.

J. Park McDougall, M. D.,
Los Angeles, Cal.

AN OPEN LETTER.

It gives us great pleasure to announce that we have secured another live snake, a Lachesis Mutus, in fine condition, from which a quantity of venom has been extracted. This fact is attested by Professor Raymond L. Ditmars, curator of the Reptile House, Zoological Gardens, in this city. We are, therefore, prepared to furnish the profession with fresh triturations and dilutions of the various potencies of the Lachesis Mutus (bush-master) and Lachesis Trigonocephalus (Lance-headed Viper), under seal, which ever the physician may desire. We have no inclination to enter into a discussion in regard to the statements which have been made in certain trade journals controlled by a competing house as to the correctness of the facts given in their own publication, the American Homœopathic Pharmacopœia, and other works published by them, our one aim being to furnish the profession with fresh preparations of exactly the remedies called for.

Respectfully,
Boericke & Runyon,
Homœopathic Chemists,
11 W. 42d St., N. Y.

November 12, 1908.

ABOUT SNAKES.

New York, November 10, 1908.

Editor of the Medical Century:

You are, no doubt, familiar with our efforts to secure a true Lachesis Trigonocephalus, and having done so, the question arose as to whether it was the Lachesis Trigonocephalus or Lachesis Mutus which Dr. Hering employed, so we set to work to secure the latter. After considerable trouble and great expense, we finally secured a fine living specimen of Lachesis Mutus. (See our open letter enclosed, also letter of witnesses attesting to the operation.) We hope you will think our determined efforts in this matter will be of sufficient interest to all homœopathic physicians to justify you in printing our open letter in the reading columns of your December issue. We are not requesting the printing of this article to advertise ourselves to the profession or for the purpose of financial gain. The entire amount of Lachesis sold by all the pharmacies in the course of a year amounts to very little. We know very well there has been a feeling in the homœopathic profession that the original supply of Lachesis was small, and many years elapsed since it was obtained, and that the preparation now sold and labeled Lachesis, might after all be something else, or, at least, of doubtful therapeutic value. For these reasons a remedy of inestimable merit has fallen into disrepute. So many times close prescribers have said: "Lachesis is the remedy, but I am afraid to trust it; would that somebody might give us a fresh supply," and now that we have done this, we thought you would be very glad to make it known to your readers. We would be very glad to have you make any comments, editorially, that in your good judgment, you see fit.

With best wishes, we remain,

Yours very truly,
Boericke & Runyon.

New York, November 11, 1908.

This is to certify that we witnessed the operation of extracting the venom from the fangs of the live Lachesis Mutus (Bush-master) by Professor Raymond L. Ditmars and his assistant, Mr. Charles E. Snyder, at the Reptile House, Zoological Gardens, on November 8, 1908, and the same was delivered to the owners of the serpent, Messrs. Boericke & Runyon, homœopathic chemists.

Royal S. Copeland, A. M., M. D.,
Dean N. Y. Homœopathic Medical College and Flower Hospital.

Wm. Tod Helmuth, M. D.,
Prof. Surgery N. Y. Homœopathic Medical College and Flower Hospital.

John B. Garrison, M. D.,
Director of Drug Proving, N. Y. Homœopathic Medical College and Flower Hospital.
O. R. Long, M. D.,
Medical Superintendent State Asylum, Ionia, Michigan.

LETTER FROM NEW ORLEANS.

New Orleans, November 12, 1908.

Editor Medical Century:

I congratulate you. Long live the Journal of the American Institute of Homœopathy. I have always considered the Century one of the best journals published, and I am sure, in your hands, the Journal of the Institute will be the best medical publication in existence. I believe the publication of an official journal by the Institute a wise move; it will increase the membership of the Institute, and all our State and sectional societies. Organization and propagation must be our watch-words in the future.

I will accept with pleasure the honor of acting as correspondent in this city, and will try to have something for you every month. I have a plan, or system, in mind for increasing the membership of the Institute, that I think is practical, that I will outline to you when you come to the Southern meeting. My campaign in the fight to make the Southern a live and going organization brought it into existence.

Very truly yours,
Edward Harper.

LETTER FROM DR. WILCOX.

November 19th, 1908.

Editor Medical Century:

Thinking you might be interested in a personal item of news, I take the liberty of giving you the following concerning myself:

After a sojourn in Buffalo of twenty-two years, I am about to remove to Boston, Mass., where I am to be associated with Dr. Nathaniel W. Emerson, of that city. Together we will conduct the "Emerson Hospital," enlarging the present capacity of forty beds to one of sixty or more beds, making it a very complete surgical hospital.

Dr. Emerson, as is well known, stands in the front rank of Boston surgeons and has an enviable reputation throughout New England. He has been conducting his private hospital some four years and I have been conducting mine about eighteen years. Last spring I started out to build a new hospital, had my lot purchased, plans drawn and estimates in, when I wrote Dr. Emerson, asking him his opinion of certain points in the plans. Out of that correspondence grew a proposition from Dr. Emerson that I come to Boston and together we carry out our ideals of doing surgical work in a hospital, such as we felt able to create and maintain, by virtue of our years of experience in conducting individual institutions.

While we appreciate the dangers of "medical partnerships," yet we feel convinced that where men are temperamentally fitted to work together, are of sufficiently large calibre and free from petty jealousies, there can be no more ideal way of working than for such men to combine and jointly bear the burdens of a large surgical practice. The Mayos have been a great object lesson in demonstrating what two men can do by working together as "one man." By their joint work, one man is always on duty, yet both have the freedom for long vacations, frequent travel for study and all the opportunities for the enrichment of their skill and the refreshing of the mind and body.

It is simply a merging of hospital interests and the working together of two men, whose ideals are similar and who have for years been working along similar lines.

I have also received an appointment as Dr. Emerson's associate to the Chair of Gynæcology on the faculty of the Boston University. I expect to remove to Boston on or about January 1st, 1909.

I cannot, at this writing, name my successor here in Buffalo, but hope I shall find the right man who will carry on the good work in this city.

I have been surgeon to the Buffalo Homœopathic Hospital for eighteen years, and Gynæcological Surgeon to the Erie County Hospital since its formation; founded, and conducted the Lexington Heights Hospital for eighteen years. Am an ex-president of the New York State Homœopathic Medical Society, and ex-president of the American Surgical and Gynæcological Society of the American Institute.

Yours very truly,
De Witt G. Wilcox.

Societies.

THE HOMŒOPATHIC MEDICAL SOCIETY OF EASTERN OHIO.

The thirty-sixth semi-annual meeting of this flourishing organization was held October 21st, in the Hollenden Hotel, Cleveland, Ohio, under the presidency of Dr. W. M. Blaine, of Youngstown. The attendance was very large, necessitating the adjournment in the midst of the session to a larger hall than the one provided by the hosts of the occasion, the Cleveland Homœopathic Medical Society. Everybody seemed intensely interested in the proceedings and the discussions were lively and full of profit.

Some special clinical cases were presented by Drs. T. T. Church, Salem; Carl H. Rust, and James C. Wood, Cleveland. These were such as to interest the listeners. A frank and strong paper on "Some Failures Due to Delay" was read by Dr. B. B. Kimmel, Cleveland. "The Management of Labor" was the title of a paper by Dr. Hudson D. Bishop, Cleveland. The paper was gotten up in the author's usual style and was most profitable.

The session was made a notable one by the in-

auguration by Dr. H. F. Biggar, of two new ideas along the line of aggressive work in the spread of the principles of Homœopathy and, too, it is to him that the credit must be given for the subscription to the promulgation fund of one hundred dollars. The doctor proposed two new plans, the first was to secure from homœopathic physicians all over the United States a pledge of two dollars a year for the next five years for the promulgation of Homœopathy. The plan is to make the treasurer of the Medical Council, Dr. J. B. Garrison, the treasurer of this fund and have him collect it in much the same manner that society dues are collected, that is, by sending a statement each year. The fact that out of about one hundred present more than fifty signed the agreement to subscribe. If the same proportion is kept up in all our societies a fund of ten thousand dollars would be available each year.

Another proposition made by Dr. Biggar was that a homœopathic post-graduate be established. This would provide for a course of from six to eight weeks, the work being done at a different college each year, the hours being filled by the professors of the different colleges throughout the country. The plan certainly seems feasible and should attract favorable attention from our educators. The management of the course is to be placed in the hands of the Medical Council of the American Institute of Homœopathy.

Taken altogether, the meeting was a decided success, giving distinct evidence to the world at large that our school is alive to the needs of the hour and prepared to make an effort to educate the people to the great possibilities of the homœopathic law of cure.

J. R. H.

DELAWARE HOMŒOPATHIC SOCIETY.

The Homœopathic Medical Society of Delaware State and Peninsula, held its meeting at the Homœopathic Hospital at Wilmington, Delaware, on November 12, 1908. The election of officers resulted as follows:

Dr. Mitchell Greenwood, President, of Wilmington.

Dr. Walter A. Steel, Vice-President, of Newark.

Dr. Victor D. Washburn, Secretary, of Wilmington.

Dr. L. A. Kittinger, Treasurer, of Wilmington.

Subject for discussion, Typhoid Fever.

Papers, Dr. S. C. Frederick, Etiology; Dr. H. R. Pennock, Treatment; Dr. V. D. Washburn, Pathology. All of Wilmington.

Our society has thirty (30) members, and I think that there are about thirty-five homœopathic physicians in the State.

Homœopathy is very strong in this city. There are twenty-six homœopathic physicians in this city and about 125 allopaths. And our side of the house here, at least, one-half of the population, which is 100,000.

There is another local society here called the "Richard Hughes Medical Club," which holds its meetings on the second Friday of every month. The subject for the last meeting was: "A Plea for the Strict Observance of the Law."

Our hospital is very well situated and well patronized. We have accommodations for about sixty-five patients.

About eighteen months ago we furnished a new private room addition with twenty private rooms in it at a cost of $50,000, and it is all paid for.

Julian Adair.

UNION CLINICAL SOCIETY.

The Union Clinical Society met with Dr. C. E. Hetherington at the Piqua Club, Piqua, Ohio, on Friday evening, November 13th. There were thirteen members present besides Dr. W. A. Dewey, of Ann Arbor, Michigan, who was the guest of the society and the speaker of the evening. At 8 P. M. a splendid dinner was served in the dining room of the club, after which Dr. Dewey was introduced and talked on the subject of organization. Dr. Dewey represents the Council of Medical Education appointed by the American Institute of Homœopathy. He spoke of the colleges he has visited, their equipment and the quality of the work done. While specifying no particular college, he said that some of our schools were particularly weak, and one or two no credit to us. He lamented the scarcity of homœopathic students, and said there were not enough graduates in any one year to fill the hospital positions. After graduation most of them gravitated to the cities, leaving the towns and smaller cities largely to be occupied by graduates of other schools. He spoke of the plan inaugurated to influence young men contemplating the study of medicine to choose the homœopathic school. He showed how worthy young men of intellect and energy, but with a scarcity of money, might be assited in securing positions which would aid in defraying their expenses at school. He spoke of the proselyting carried on by the dominant school, even in the shadow of our colleges by inviting our graduates to join their societies before the ink was dry on their diplomas. He said the old school wants us to join their societies with or without renouncing our creed. They can digest us either way. He said Ohio was well supplied with active societies, but only a small per cent. of the physicians join the American Institute. This is not as it should be. Even though the physicians can not always attend the meetings the transactions and the journal are worth the price of the annual dues.

Dr. Dewey's talk instilled new ardor in the members, and cemented them closer together. At the close of his talk a vote of thanks was given the doctor, and he was elected an honorary member of the society.

A. W. Reddish.

A good homœopathic practice for sale cheap in a thriving Colorado town of 11,000 inhabitants with but two homœopathic physicians. Address, Medical Century.

The Library.

BOOK REVIEWS.

International Hahnemannian Association.

This is a neat volume of the proceedings of the International Hahnemannian Association. It consists of papers read before that body at its recent meeting in Chicago, thus with the discussions thereon making a useful addition to our literature, which is valuable as a matter of record. The Publication Committee is to be congratulated on issuing such a practical volume as this one.

Diseases of Children.

By William Nelson Mundy, M. D., Professor of Pædiatrics in the Eclectic Medical Institute, Cincinnati, O. Second Revised Edition. Illustrated. 8vo. 512 pp. Cloth, $3.00. The Scudder Brothers Co., Publishers, Cincinnati, O.

This edition of Mundy's Diseases of Children has been thoroughly revised and any one acquainted with the able author knows what that "thoroughly" means.

The work is full of therapeutics and as such will appeal to the members of the homœopathic school. One has to but read the preface to know just where the author stands. His vast experience has taught him that therapeutic nihilism is not for him, and so his work reflects experience with remedies that is most useful. It abounds in good Materia Medica and Therapeutics. We heartily commend the work. Read any chapter in it, Typhoid Fever, for instance, and you will be convinced that you must have it. It represents the latest there is in respect to children's diseases, and the best there is in Eclecticism. There is so much Homœopathy in Eclecticism and so much Eclecticism in Homœopathy that each school is benefitted by the interchange of its literature. By all means buy Mundy's Diseases of Children.

The Psychic Treatment of Nervous Disorders.

By Dr. Paul DuBois. Translated by Dr. Smith Ely Jelliffe, New York, and William A. White, Washington. New York: Funk and Wagnalls Company.

We have had occasion in our editorial discussions to refer to this really remarkable book. It treats of the handling of nervous disorders from a standpoint entirely different from that formerly considered. The interesting point is that the author has such remarkable success in his work. His whole idea may be summed up in the statement that he puts his whole effort into a re-education of the will. He is an optimist of the most radical sort and by the time one reads the whole book one must almost of necessity also become optimistic. His arguments of the philosophy of his methods are at once convincing and uplifting. His application of his philosophy to life is attractive. His aim is clearly to keep down the sum total of the needless suffering of the world. The natural result of a perusal of this book will be that one will be all the more sure to seize the many opportunities which daily come to him to apply its principles. No general practitioner can fail to benefit from a study of the book.

Diseases of the Nervous System for the General Practitioner and Students.

By Alfred Gordon, A. M., M. D., Associate in Nervous and Mental Diseases, Jefferson Medical College, etc. Octavo. Pp., 486. Philadelphia: P. Blakiston's Son & Company. 1908.

We have taken a great deal of interest in reading this book. It is, in fact, one of the best for desultory reading that we have seen. The terseness, directness and positiveness of the author's way of putting his facts on paper is most attractive. One thing about it is that he does not go into such detail as to be tiresome to the ordinary doctor and that is very apt to be the case with treatises on diseases of the class here considered. He takes pathology, for instance, and tells what is known without going into a lot of details as to what he would like to know. It is a book which can be put into the hands of the student who is already loaded with studies without feeling a twinge of conscience for it will not burden him.

We like the way the book is gotten up. The liberal use of black-faced type is very much of an advantage. The eye and likewise the mind is thus impressed with points which are of importance. The illustrations are a great credit to both author and publisher. They are numerous and helpful. Taken altogether, the book certainly accomplishes its author's aim to present a book in which neurological subjects are discussed from the standpoint of the needs of the man who is practicing general medicine, rather than from that of the expert neurologist.

Text-Book of Nervous Diseases and Psychiatry for the Use of Students and Practitioners of Medicine.

By Charles L. Dana, A. M., M. D., LL. D. Seventh edition. Octavo. Pp., 782. Net, $5.00. New York: William Wood & Company.

It is really difficult to find anything new to say about this work, which has been our constant companion for more than twenty years and has never been found wanting. The classes to which we have recommended it have found it eminently satisfactory. It is the most practical work of its kind with which we are acquainted. The addition in the last edition and this on the chapters on diseases of the mind renders it all the more valuable as compared with former editions. The low price at which it is sold brings it within reach of the student and once he reads it he will never forsake it. The general practitioner should have it as a work to which he will have frequent occasion to refer.

The present book has been revised and much has been added to that issued four years ago, thus bringing it abreast of the most recent knowledge. It is quite worth while to possess this edition even if one has the others.

General Pathology.

By Dr. Ernst Ziegler, Professor of Pathological Anatomy in the University of Freiburg, in Breslau. Translated from the eleventh revised German edition. Edited and brought up to date by Aldred Scott Warthin, Ph. D., M. D., Professor of Pathology, University of Michigan. Octavo. Pp., 781. New York: William Wood & Company. 1908. Net, $5.50.

As compared with the German edition, published three years ago, this book has the immenses advantage of containing reports of all the original research work done during that time. This has been enormous and of the greatest advantage. The reputation of the editor is sufficient to guarantee that nothing of value has been omitted.

Of the work of Ziegler himself, who has died since he published the present book, nothing need be said. His fame rests upon a permanent and secure foundation which nothing can displace. His book is the one familiar and final authority in questions relating to pathology. This present volume is, as we have said, made all the more valuable on account of its having passed through the hands of its eminent American editor.

The mechanical execution of the work is splendid. It is profusely illustrated with more than six hundred engravings in black and colors.

Repertory of the Homœopathic Materia Medica.

By J. T. Kent, M. D., Professor of Materia Medica, Hahnemann Medical College and Hospital, Chicago. Second Revised Edition. Boericke & Tafel, New York City, Publishers. 1908.

This is the second edition of Kent's Repertory, which has been revised. It is the great Repertory of the Homœopathic Materia Medica, more complete and better arranged than any other that is now published. The typographical work is perfect and any one who uses a repertory, and every one should use one, should not be without it. Not is it well arranged and edited, but it is what many other repertories fail to be, reliable. We have seen repertories in which from 30 to 50 per cent. of the symptoms were spurious. We do not believe that this repertory contains any such symptoms and, therefore, we can heartily recommend to our readers.

It is an expensive book, but it will last a lifetime, as it is material that does not change from day to day for, like works on mathematics, it is precise and written for all time.

Therapeutics of the Circulation.

By Lauder Brunton, M. D., St. Bartholomew's Hospital, London. P. Blakiston's Son & Co., Philadephia, Publishers.

This work comprises eight lectures delivered by the celebrated Dr. Lauder Brunton in the Physiological Laboratory of the University of London. Dr. Brunton is one of the progressive therapeutists of the day. All these lectures on the circulation are concise and yet contain about all there is to know on the subject. Much space is given to the action of Digitalis, but there are very many heart drugs that are not mentioned at all. The major part of heart therapeutics is comprised in the action of Digitalis and Strophanthus. It is quite likely that the work did not purport to be a complete treatise on the action of drugs in diseases of the circulation. The book is one of great value, as far as it goes.

AMERICAN INSTITUTE OF HOMŒOPATHY.

It will be of interest to the members of the Institute to know that October 30th, there was held at Cleveland, Ohio, a meeting of a number of its committees. The entire Executive Committee was present, consisting of President Foster, Vice Presidents Carmichael and Hensley, Treasurer Smith, Registrar Ball, and Secretary Horner. The Journal Committee was represented by Drs. Bailey, Royal, Copeland, and Sawyer; the Incorporators, by Drs. Custis, McClelland and Smith; the Council of Medical Education, by Drs. Royal, Dewey, Sutherland, Gates; the Institute of Drug Provings, by Drs. Custis, Wolcott, Bailey, McClelland, Dewey, Royal and Sutherland; the Pharmacopœia Committee, by Drs. Carmichael and Sutherland, while the Monument Committee had present a majority of its members in Drs. McClelland, Custis and Smith. The two latter committees did not convene for the transaction of business, their members being present in connection with work on other committees.

The Executive Committee held a meeting in the morning, at which were transacted a number of items of business. Secretary Horner and Registrar Ball were appointed a special committee to cooperate with the Local Committee of Arrangements, at Detroit, in the preparations for the Institute meeting in June.

The Journal Committee also was in session all morning, the other committees being called for the afternoon.

At two o'clock the Executive Committee held an open meeting to which were invited, by the President, all those who were in attendance at the meetings. The principal business presented was the report of the Journal Committee. Preceding this, Dr. Custis, for the incorporators, reported that incorporation had been accomplished by Drs. W. R. King, J. H. McClelland, Swormstedt, Smith and himself. Dr. B. F. Bailey, chairman of the Journal Committee, reported their recommendations. The first was that the Journal be made a monthly instead of a weekly. The second was that a proposition made by the Medical Century Publishing Company, be adopted. This provided that the Medical Century should become the Journal of the American Institute of Homœopathy, the Medical Century Company being the publishers and Dr. W. A. Dewey, the editor, with the secretary as associate.

The committee also recommended that a small volume, conforming in shape and appearance with

the former volumes of Institute Transactions, be issued, this volume to contain the minutes of the business sessions, the report of the Committee of Organization, Registration and Statistics, the memorial report, the constitution and by-laws, the lists of officers, members and committees, and such other matters as are of importance from the standpoint of permanency and reference.

A very free discussion then took place, the President inviting expressions of opinion from each one present. There was united opinion that it was for the best interest of the Institute that the report of the Journal Committee should be adopted by the Executive Committee.

This latter committee then went into executive session, and on motion of Dr. Hensley, seconded by Dr. Ball, adopted the following resolution: "That the Executive Committee adopts the report of the Journal Committee and empowers that committee to make immediate arrangements with a reliable publishing company, to issue an official journal, monthly instead of weekly."

The President reported the resignation of Dr. R. F. Rabe, of New York City, as Chairman of the Bureau of Homœopathy and the appointment of Dr. J. B. Kinley, of Denver, to fill the vacancy. He reported also the resignation of Dr. Annie W. Spencer, of Batavia, Ill., as Chairman of the Bureau of Pædology, and the appointment of Dr. Sarah M. Hobson, of Chicago, to fill the vacancy.

There being no further business, the committee adjourned to meet at the call of the President.

J. Richey Horner,
Secretary A. I. H.

The Institute of Drug Proving met under the chairmanship of Dr. J. B. Gregg Custis. Dr. W. A. Dewey was elected Secretary pro tem. Dr. J. H. McClelland was announced as the member of the Board of Trustees, succeeding Dr. Charles Mohr, deceased.

Dr. E. H. Wolcott was elected Secretary and Treasurer of the Board.

On motion of Dr. Royal, it was recorded as the sense of the Board that the sympathy and co-operation of all colleges and other institutions in affiliation with the Institute, assist in proving the drug or drugs selected by the Board.

On motion of Dr. Bailey, Dr. Royal was constituted the director in charge of provings, with the understanding that he is to co-operate with the college faculties in securing competent directors for the work.

In addition to the general business, Dr. Custis announced that the active co-operation on the part of the Bureau of Plant Industry of the Government Agricultural Department had been secured and that all remedies hereafter proven under the auspices of the Institute would be of preparations standardized by the Government. He announced also that a drug had been selected to be proven this year and it is now under the course of preparation. Many of the colleges had agreed to take up the work.

All those present attending the meetings of the various committees were entertained at luncheon by Dr. J. C. Wood, and at dinner in the evening by the Honorary President of the Institute, Dr. H. F. Biggar.

CLERGYMEN IN THE MEDICAL FIELD.

BY C. S. ELDRIDGE, M. D., CHICAGO, ILL.

It is always a pleasure to me to hail any new method of healing afflicted humanity that seems worthy of trial, that rests upon reasonable hypothesis, that is beyond question an advance over old and well tried methods advocated and employed by accredited erudite thinking men of the recognized medical schools of the world. There have been numerous men and women (since medicine had its birth as a science, and surgery became approved as a human art), for proper and improper reasons, who have assumed to practice the healing profession. Some of the many have launched theories and practices that were especially taking with a large number of people throughout the civilized world, who have been afflicted with ills essentially chronic in character, ills that have taxed the skill and patience of general practitioners and specialists, who, at no inconsiderable expense, have, throughout long curricula, earnestly essayed to fit themselves for the diagnostication of diseases and conditions extremely recondite in nature and perplexingly difficult to cure.

The latest to bow themselves into the medical arena are the clergymen. Much have they done at the bedside to sweeten the lives of people lying upon the couch of pain, highly appreciated has been their spiritual aid to those near death's portal, and comforting, indeed, has been the solace they have been able to make those feel who watch and tenderly pray at the bedside of those in the grip of lingering or speedily fatal illnesses. From time immemorial the kindly disposed pastor has knelt beside his sick parishioner and, with love and devotion pouring from his heart, exercised all his mental and suggestive powers to mitigate woes and inspire the despondent patient and friends with hope. Why, in the past, have not these commendable services resulted in inducing miraculous cures? I will let the logician answer. The clergymen are now becoming victims of the epidemic in all quarters to proffer the race new thoughts upon the subject of being healed of ills, real and imaginary, if you please.

In the West and East, preachers are letting it be known that they are competent to, and believe they can, cure disease. What has rendered them all at once such astute practitioners, such correct analyzers of pathological conditions as baffle consultant, the men who have held thousands of autopsies upon princes and paupers without finding always a certainty the reasons for fatality? Let us welcome into our ranks the clergyman who matriculates in medicine, pursues his bounden duties on the hard benches as a student, whose whole aim is to be devoted to the task of scientifically learning what medical lectures, dissecting, ward walking and abundant clinics will equip him with.

Let the clergymen do this, taking, at least, a four years' course, and then graduate before assuming to perform the solemn functions of physician.

The clergymen are held in high esteem by our great professional brotherhood. Physicians are very close mouthed, as a rule, touching the invasion of the broad field of medicine by the thousand and one who proclaims their ability to heal the sick of the race.

I think time will show the Emmanuel movement ill advised; will show that the ideal way to conquer human ills is to seek competent medical advice. If we seek an elucidation of the law a wise lawyer is the person we appeal to. The clergyman can and often does advise us, when spiritual needs are in question. Finally, as a broad proposition, I wish to assert and do without fear of successful contradiction. No living man or woman can devine the cause and accomplish the cure of human ills without a thorough knowledge of anatomy, physiology, pathology, bacteriology, familiarity with materia medica and the affinity of drugs for systemic structures amenable to the action of medicines.

Belladonna in Whooping Cough.

In the use of Belladonna in the treatment of whooping cough, I have been able to modify the larger number of cases treated in an extensive practice of, at least, fifty years, and many, indeed, have been cured. My commonest method consists in combining one dram of the fluid extract of Belladonna, three drams of the fluid extract of wild cherry, and sufficient syrup of tolu to make three ounces. Of this I give, according to the age of the patient, from five to thirty drops every three hours. If the case be a stubborn one, I make it a point to increase the dose one drop at a time until I have produced the physiological action of the remedy—until the throat becomes dry, or there is some dilatation of the pupils, or until there is the characteristic redness of the neck and face which resembles the scarlet fever rash. This effect, however, should not be sustained, but the remedy be reduced as indicated.—H. K. Whitford, M. D., in Therapeutist.

Geraninm.

Geranium maculatum has really accomplished such marked results for me in cases where but little action from any remedy would have been anticipated, that I have grown into the belief that it possesses virtues not credited to it. In ulceration of the stomach, it certainly has a marvelous influence. I am very anxious to obtain reports from those of our readers who have depended upon this statement of its action by Dr. King, in the American Dispensatory, and these suggestions should be kept in mind now, in studying the use of this remedy.

Geranium is a powerful astringent, used in the second stages of dysentery, diarrhœa, and cholera infantum, in infusion or in milk. Both internally and externally it may be used wherever astringents are indicated, in hæmorrhages, indolent ulcers, apthous sore mouth, ophthalmia, leucorrhœa, gleet, hematuria, menorrhagia, diabetes, and all excessive chronic mucous discharges; also to cure mercurial salivation. Relaxation of the uvula may be benefited by gargling with a decoction of the root, as well as apthous ulceration of the mouth and throat.

From its freedom from any nauseous or unpleasant qualities, it is well adapted to infants and persons with fastitious stomachs.

In cases of bleeding piles, a strong decoction of the root may be injected into the rectum, and this should be retained as long as possible. Piles are said to be cured by adding of the root in fine powder two ounces to tobacco ointment seven ounces. This should be applied to the parts three or four times a day. Troublesome epistaxis, bleeding from wounds or small vessels, and bleeding from the extraction of teeth may be checked effectually by applying the powder to the bleeding orifice, and, if possible, covering with a compress of cotton. With aletris farinosa in decoction, and taken internally, it has proven of superior efficacy in diabetes and Bright's disease of the kidney. A mixture or solution of two parts of hydrochlorate of berberin and one part of Extract of Geranium will be found of unrivaled efficacy in all chronic mucous diseases, as in gleet, leucorrhœa, ophthalmia, gastric affections, catarrh, and ulceration of the bladder, etc., etc.

A decoction of two parts of Geranium and one of Sanguinaria forms an excellent injection for gleet and leucorrhœa. Dose of the powder from twenty to thirty grains; of the decoction from one to two fluid ounces.—Ellinwood.

Messrs. Boericke & Tafel announce two very interesting books in press: "Diseases of the Respiratory Organs," by Dr. E. B. Nash, and "The Food-Tract; Its Diseases," by Dr. A. L. Blackwood. Dr. Nash confines himself to the homœopathic treatment of the diseases of the respiratory organs, which he gives in his attractive, able and effective manner. Dr. Blackwood takes up every disease of the food-tract, from mouth to rectum, "follows the food," in his usual concise, yet lucid style, giving everything concerning the subject that the student needs to learn and the practitioner to remember, including homœopathic and accessory treatment.

The Alumni Association of the Detroit Homœopathic College, is one of the liveliest of all the medical societies of Detroit. They hold monthly meetings and have interesting papers and discussions. Anyone interested is invited to attend. The November meeting discussed the subject of Pyosalpinx. Its officers are: President, James C. Martin, M. D.; Vice President, C. A. Reinbolt; Secretary, M. G. Goff; Treasurer, F. A. Kelly; Corresponding Secretary, Joshua Hauser.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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DECEMBER 1, 1908

Editorial.

A NOTABLE GATHERING AND ITS WORK.

One of the most notable gatherings in the history of the American Institute of Homœopathy was held in the city of Cleveland, Ohio, on October 30th.

Four of the most important committees met to discuss the work and to further the interests of the homœopathic cause. These were:

First, the Executive Committee, consisting of Dr. W. D. Foster, Kansas City, President; Dr. T. H. Carmichael, Philadelphia, Pa., First Vice President; Dr. Joseph Hensley, Oklahoma City, Second Vice President; Dr. Thomas Franklin Smith, New York, Treasurer; Dr. J. Richey Horner, Cleveland, O., Secretary; and Dr. J. H. Ball, Bay City, Mich., Registrar.

Second, the Trustees of the Institute of Drug Proving of the American Institute of Homœopathy, consisting of Dr. J. B. Gregg Custis, Washington, D. C., Chairman; Drs. George Royal, Des Moines, Ia.; B. F. Bailey, Lincoln, Neb.; J. H. McClelland, of Pittsburg, Pa.; J. P. Sutherland, Boston, Mass.; E. H. Wolcott, Rochester, N. Y., and W. A. Dewey, of Ann Arbor, Mich.

Third, the Journal Committee—Dr. B. F. Bailey, Lincoln, Neb., chairman; Drs. R. S. Copeland, New York; C. E. Sawyer, Marion, Ohio, and George Royal, of Des Moines, Ia.

Fourth, the Council of Medical Education—Dr. George Royal, Chairman; Drs. J. P. Sutherland, Boston, Mass.; W. J. Gates, Kansas City, Kansas, and W. A. Dewey, Ann Arbor, Mich.

From these four important committees there were but two absentees, J. P. Cobb, of Chicago, of the Journal Committee, and Dr. J. B. Garrison, of New York, of the Council of Medical Education. Dr. H. F. Biggar, of Cleveland, Ohio, Honorary President of the Institute, was also present at one or more of the sessions, as were also some of Cleveland's prominent homoœpathic physicians, well known to the profession. Among these were Drs. D. H. Beckwith, James C. Wood, G. H. Quay, H. H. Baxter, and others. Indeed, it was remarked that nine ex-presidents of the Institute were present at the gatherings and not only were these men of prominence present, but the territory represented extended from the prairies beyond the Missouri, to the classic shores of Massachusetts Bay.

The Council on Medical Education met and discussed its problems and mapped out courses of action, in college inspection and recognition and in the furtherance of the general propagandistic work it has in hand.

The Institute of Drug Proving held a full meeting with every member present, Dr. J. H. McClelland, of Pittsburg, filling the vacancy left by the death of Dr. Charles Mohr. Much important work was done by the committee. Dr. E. H. Wolcott was unanimously chosen Secretary-Treasurer of the Board. Among the actions taken was one looking to incorporation of the Drug Proving Institute, one directing the Treasurer in his disbursement of funds, one appointing Dr. Royal Director in Charge of Drug Provings and one selecting a drug for the next proving under the auspices of the Board. The following resolution was passed unanimously: "That it be the sense of this body that by sympathy and active co-operation all colleges and other institutions in affiliation with the American Institute of Homœopathy assist in proving the drug or drugs selected by this Board." We regard this as an important action looking to this work becoming a required course in our colleges and we believe that the Trustees of the Institute of Drug Proving will be not subject to criticism on the ground of inaction in the future as they have been in the past.

The meeting of the Journal Committee to consider the publication of the Journal of the American Institute of Homœopathy was, perhaps, the most important of all the committee work done. The many propositions from various publishing houses submitted to the committee were presented and discussed and the following were decided unanimously:

First: To recommend to the Executive Committee the publication of the Journal as a monthly of 48 pages.

Second: To accept the proposition of the Medical Century Publishing Company, which proposition involved the changing of the Medical Century into the Journal of the American Institute of Homœopathy commencing January 1, 1909, and the retaining of the present Editor.

Third: To recommend the publication in a small volume, of the full reports of the business sessions, together with the report of the Bureau of Organization, Registration and Statistics, and also lists of members, Constitution and By-Laws, Code of Ethics, etc., thus preserving in a handy form for ready consultation that part of the Transactions most frequently used for reference.

The meeting of the Executive Committee was held in the afternoon and all members of all other committees were invited to be present. The Journal Committee reported through its Chairman, Dr. B. F. Bailey, the foregoing recommendations, all of which were thoroughly discussed in detail by all present. Those taking part in the discussion and expressing themselves as favoring the recommendations were Drs. J. H. McClelland, J. P. Sutherland, J. B. Gregg Custis, W. D. Foster, Thos. Franklin Smith, Joseph Hensley, E. H. Wolcott, Thos. H. Carmichael, besides the members of the Journal Committee itself, who strongly supported their action and answered the few objections that were suggested. Masterly speeches were made in favor of the proposition by Drs. R. S. Copeland, of New York; C. E. Sawyer, of Marion, Ohio; George Royal, of Des Moines, Ia., and Chairman Bailey. It was a meeting full of enthusiasm for the cause and bespoke a warm support for the work of propagandism aided, as it will be in the future, by a periodical devoted exclusively to the interests of the Institute.

After a full discussion, as reported above, the Executive Committee, by unanimous vote, adopted the recommendations of the Journal Committee without amendment.

The Cleveland brethren outdid themselves in showing the visiting members the hospitality that is so characteristic of the Forest City.

Dr. J. C. Wood entertained the entire company at lunch, and Honorary President Biggar presided at a banquet in the evening, at which the pent up enthusiasm of the day was let loose in good cheer and post prandial impromptu speeches. It was an occasion to be remembered.

The Editor of the Medical Century realizes fully in spite of the hearty support promised him by the "Fathers of the Association" that his pathway may not be all roses. However, it is his hope to make the new Journal a credit to the school of medicine it is to so thoroughly represent. He solaces himself that he will not, in the capacity of Field Secretary and Editor of the Medical Century, have to be divided or a dual individual and that he will be enabled, without hindrance, to attend to his duties of the Council of Education and Propagandistic Board and at the same time edit a journal with credit and make it the Journal of the Institute, by the Institute and for the Institute since all these features are so intimately interwoven.

WHAT THE INSTITUTE MEMBER WILL RECEIVE.

Under the new order of things a member of the American Institute of Homœopathy will receive

First. The Journal of the Institute of Homœopathy, which will be published monthly and will contain the papers presented at the meeting, in monthly installments. This, it is estimated, will require from 24 to 32 pages of each issue, and be doubly valuable by reason of the discussions which will accompany each paper. It is also intended to devote a certain number of pages to articles from other sources than the Institute meeting, thus making the literary part of the periodical representative of the entire school. An important feature will be notes from the field, of societies, hospitals, colleges, etc., which will keep the reader in touch with the doings of the school all over the country.

Second. The handy volume of the essential parts of the Transactions.

Third. The privilege of membership in the greatest Homœopathic Association in the world, a privilege that will be enhanced by the continued and sustained interest in it, that it is hoped the Journal will excite.

All this may be had for $5.00 per annum and those who are eligible to membership State societies may join the Association by the payment of one year's dues in advance without the initiation fee of $2.00, upon filling out a membership application blank which we will be pleased to furnish upon request.

TO OUR NON-INSTITUTE SUBSCRIBERS.

The Medical Century has always posed as the organ of no association, college, pharmacy or publishing house, not wishing to be bound by any restricting influences. It has always counted among its subscribers, unfortunately, a greater number of non-Institute than Institute members. We say unfortunately because we believe that our school, to live, must have a strong central organization and the stronger it can be made in members and support, the greater will be its power. In our arrangement with the Journal and Executive Committee of the Institute, although believing firmly in this attitude, we have not trampled upon the rights of a single one of our subscribers. The price of the new periodical will be $3.00 per annum, which, for eight years, was the price of the Medical Century, it having been reduced to $2.00 when the present editor assumed charge. For the additional dollar our subscribers will receive 16 more pages of reading matter each issue; they will also receive the literary papers of the Institute, together with the discussions which represent the best thought in the homœopathic school and which heretofore has been accessible only to members of the Association.

It is not necessary to become a member of the

Institute to receive the Journal, but it is strongly urged upon every one of our non-Institute subscribers to become members. The extra $2.00 per year that it will cost to become a member has its return in the volume of Transactions that is to be issued, containing the reports of the Bureau of Organization, Registration and Statistics, list of members, etc., and above all, in the duty owed to the school in strengthening its central organization. We urge this upon our non-Institute subscribers, but at the same time remind them that they are privileged to act their pleasure in the matter.

To our subscribers of the Eclectic and Allopathic schools, and we have not a few of these, we would emphasize the fact that for the extra dollar a very much better periodical may be obtained, one that bears the stamp of authority of the Homœopathic School and will keep the reader informed of the best there is in Homœopathy.

To all our subscribers we would extend the greetings of the season and express the hope that you may all be with us in the future as you have been in the past and aid us with your sympathy and counsels.

To our advertisers we extend also the season's greetings. The broader field that will be reached by the official periodical will serve, we trust, as a most excellent reason for the continuance of the patronage so generously accorded us in the past.

Le Medical Century est mort!

Vive Le Journal of the American Institute of Homœopathy!

EDITORIAL BREVITIES.

California State Board.

We present in this issue a letter from the president of the California State Board of Examiners who takes issue with us for printing a list of questions propounded to applicants before that board. The doctor evidently writes in a friendly spirit, and we will accept his criticisms of our former article as friendly ones, and make no further comment on them.

There is one point that he makes which is very noticeable and that is that the board consists of representatives from the allopathic, eclectic and homœopathic schools, the representation therein being fixed by law, showing that the law makes a distinction. Now in the examination of the California board the subjects responsible for these distinctions, namely, materia medica and therapeutics, must be eliminated. Is not that to laugh?

We are sorry that the doctor felt that we hit him so hard in the questions of his branch. We were not aiming at any one branch but at the general examination, which not only in the instance referred to was ridiculous, but every set of questions that has appeared since that time and used in the examinations held by that board contain impractical, ridiculous and even idiotic questions. It is well recognized that the idea in California is not to admit capable men to practice in that State but to keep out everybody it can, and it will doubtless succeed in so doing until the profession and the people awake to the fact that medical examining boards are medical trusts.

Editor's Table.

GENERAL NOTES.

There are nineteen homœopathic physicians who have been appointed Examiners for the Michigan State Sanatorium for Tuberculosis, located at Howell, Mich.

Our statement that Dr. H. V. Halbert was about to issue a new edition of his Practice of Medicine was erroneous. Evidently the wish was father to the thought, or our hearsight was faulty.

Dr. H. F. Biggar gave an address at St. Andrew's Episcopal church in Cleveland, recently, on the subject, "The House We Live In," which was much appreciated by a large audience.

The Miami Valley Homœopathic Society held its semi-annual meeting in Dayton, O., on October 29th, with a fine programme. Dr. Frank W. Murphy is president and W. W. Ensey, secretary. This is one of our flourishing societies.

The Toledo Homœopathic Club met on November 9th, at the Boody House. Dr. I. O. Denman read an interesting paper on Corneal Inflammation, which was well discussed. Dr. W. A. Dewey, of Ann Arbor, was the only outsider at the meeting.

Dr. Horner, secretary of the American Institute, has issued a little slip, entitled "Get New Members." Remember, you do not have to wait for the meeting to become a new member, nor to become a subscriber to the Journal of the American Institute of Homœopathy.

Dr. Owen C. Rees, of Toledo, has gone abroad for the purpose of spending the winter in hospital work. He expects also to visit some of our homœopathic brethren on the other side.

Dr. H. C. Allen, the able editor of The Advance, refutes the idea that prevails in some quarters that there is a lack of Homœopathy in the American Institute of Homœopathy, and he does it thoroughly, too.

An enthusiastic meeting of the Falls City's Homœopathic Medical Society was held at The Galt House, in Louisville, Ky., Tuesday night, November 10, at which eighteen were present, with Dr. A. H. Seibert, of Jeffersonville, Ind., presiding. Dr. Geo. S. Coon had prepared an excellent programme, after which an elaborate dinner was served in the private dining room.

The programme consisted of papers by Dr. F. C. Askenstedt on Chronic Interstitial Nephritis, presenting an exhaustive comparative study of the disease, Dr. T. H. Hollinshead reported an obscure

case of Chronic Appendicitis, Dr. Coon an interesting paper on Acute Tubercular Meningitis, and Dr. D. R. Saunders, of North Vernon, Ind., on "The Business Side of a Physician's Life," a most profitable study.

The meetings of the Falls Cities are growing steadily in interest and attendance. A Materia Medica Study Class, which has been of inestimable value to its members, has been held once each month, sometime between the regular meetings of the society.

At the last meeting of the International Hahnemannian Association Dr. J. D. Thorndill, of Paris, Texas, advocated the appointment of a committee to take up the work of homœopathic propagandism, and subscribed $100 "to start the ball rolling." The Association appointed a committee for this purpose consisting of Dr. H. S. Llewellyn, of La Grange, Ill., chairman; Dr. J. B. S. King, of Chicago; Dr. R. E. S. Hayes, Farmington, Conn.; Dr. Maurice W. Turner, Brookline, Mass., and Dr. Lee Norman, of Louisville, Ky.

The officers of the International Hahnemannian Association for 1909 are: Dr. P. E. Krichbaum, Montclair, N. J., President; Dr. G. P. Waring, Chicago, Vice-President; Dr. J. B. S. King, Chicago, Secretary, and Dr. R. F. Rabe, New York, Corresponding Secretary. Place of meeting, Pittsburg, Pa.

Dr. C. M. Boger, of Parkersburg, W. Va., recommends Phosphorus in psoriasis palmaris, saying it heads all other remedies.

The Alumni Association of Detroit Homœopathic College meets the first Tuesday in each month. It is a very lively organization.

Dr. S. H. Knight gave reminiscences of his trip abroad at a joint meeting of the attending and auxillary staffs of Grace Hospital last month, with especial reference to surgery.

We have received Blakiston's Visiting List for 1909. It is the same practical, handy book it ever was. It is the 58th year of its publication.

The Homœopathic Medical and Surgical Club of Baltimore met on the evening of November 11th at the home of Dr. J. Ward Wisner, 315 North Paca street. This is a club that meets monthly at the home of some member, a paper of interest is read and generally discussed, after which a repast of wit, wisdom and other good things occupy attention for an hour. The annual meeting occurred December 9th, when the evening was spent over a bountiful banquet, and the following officers installed: President Dr. H. H. Stansbury; Vice-President, Dr. J. W. Wisner; Secretary, Dr. E. O. Murray; Treasurer, Dr. W. B. Hood. Before the banquet the club listened to an address by Dr. A. M. K. Harvey, of Washington.

To welcome Dean Royal S. Copeland to his new field and give him an opportunity to meet the alumni and receive their good wishes, a reception and dinner will be given him under the auspices of the Alumni Association of the New York Homœopathic Medical College and Flower Hospital, at the Hotel Astor, on Friday evening, December 4th.

The speakers will be the following: Drs. John P. Sutherland, of the Boston University; H. L. Northrop, of Hahnemann, Philadelphia; G. F. Shears, of Hahnemann, Chicago; H. C. Allen, of Hering; George Royal, '82, of Iowa State University; C. E. Walton, of Pulte; W. B. Hinsdale, of the University of Michigan, and H. C. Palmer, of the Women's College, New York. Dr. H. F. Biggar, of Cleveland, honorary president of the American Institute of Homœopathy, will also speak. All members of the profession are cordially invited to be present with their wives and join the Alumni Association in welcome to the dean.

Dr. Xavier Jousset, son of Dr. Marc Jousset, and grandson of Dr. P. Jousset, the Nestor of the homœopathic school in France, has located at Biarritz.

Dr. J. D. Graybill, of New Orleans, La., recently lost his wife, who had suffered for some years from cancer of the breast.

A meeting of the resident physicians of Detroit and vicinity was called at the Hotel Cadillac, to arrange for the coming of the American Institute. A permanent chairman, Dr. D. A. MacLachlan, and secretary, Dr. R. M. Richards, were elected, and an executive committee appointed.

The medical staff of Grace Hospital have arranged for a clinical session to follow their regular monthly meeting, in which the auxiliary staff is also invited to participate. At the October meeting Dr. R. H. Stevens gave a demonstration of X-ray work, and Dr. G. P. Meyers presented a specimen and gave the history of a case of Hæmorrhagic Infarction of the Spleen that had occurred in the service of Dr. LeSeure, in Grace Hospital. At the November meeting Dr. S. H. Knight presented some of the interesting observations picked up during his visit to the European clinics during the past summer.

Dr. Harry Sutton has removed from Paynesville, Minn., to Minneapolis, and has opened offices in suite 313-314, Medical Building.

Dr. John F. Lovell, B. U. S. M., '08, is pharmacist at the Third State Hospital for the Insane, at Fergus Falls.

ILLINOIS NOTES.

BY J. P. COBB, M. D., CHICAGO, ILL.

The freshman class at Hahnemann Medical College of Chicago is twice as large as that of last year.

October 19th a new sectional society was organized by the officers of the Illinois Homœopathic Medical Association, known as the Illinois Valley Homœopathic Medical Society. The first meeting was at Ottawa, the next semi-annual meeting will be at Joliet in April, 1909.

There were forty physicians in attendance. Dr. Grant Houston, of Joliet, was elected president. The society was entertained at luncheon at the

Buffalo Rock Sanitarium, which is located near Ottawa.

A society was also formed, October 13th, at Aurora, Ill., of which Dr. C. E. Colwell was elected first president.

The Organization Committee of the Illinois Homœopathic Medical Association, are developing an educational bureau, composed of leading practitioners in the State and in Chicago, who will be ready, each on his own topic, to give latest discussion on all of the important subjects in medicine. The bureau will be at the disposal of all of the sectional societies.

Drs. Tenny and Cushing, of this committee, have an illustrated lecture on Tuberculosis, showing graphically the causes of tuberculosis, the conditions which favor its development and the relative mortality; then they show ideal homes, public and private, sanitaria, and illustrate successful methods of combating the disease. The lecture is designed for popular audiences; has been given several times; shows what homœopathic institutions are doing, and has received very favorable comments.

Buffalo Rock Sanitarium is growing; is beginning to receive the attention from the Illinois physicians which it merits. Has just completed a new fire proof building for its staff and nurses, has added materially to its farm stock, and is preparing to exhibit an ideal farm next year with products for home consumption.

The October and November meetings of the Chicago Homœopathic Medical Society under the management of President Fellows have been well attended and have presented excellent programs.

Chicago's popular surgeon, Dr. Chas. E. Kahlke, is very proud of the aptitude which his son is exhibiting for medical training.

Dr. H. A. Roberts, of Derby, Conn., was elected as a member of the Connecticut Homœopathic Board of Medical Examiners in place of Dr. Hooker, whose term of office expired in October. Dr. E. H. Linnell, of Norwich, was elected president of the board.

OBITUARY.

Dr. W. A. Egbert.
Spokane, Wash., June 23, æt. 65. Cleveland Homœopathic College, 1875.

Dr. A. M. Hutchinson.
Winfield, Kan., June 28, æt. 61. Hahnemann Medical College, Chicago, 1883.

Dr. F. O. Culter.
Gibson City, Ill., June 26, æt. 48. Pulte Medical College, Cincinnati, 1888.

Dr. G. W. Waggoner.
Corry, Pa., June 25, æt. 51. Hahnemann Medical College, Chicago, 1882.

Dr. O. W. True.
Farmington, Me., June 27, æt. 54.

Dr. James Hoffman.
Jersey City, N. J., July 8. Hahnemann Medical College, Philadelphia, 1885.

Dr. G. B. Hamlin.
Frankfort Station, Ill., July 2, æt. 42. Chicago Homœopathic College, 1893.

Dr. John A, Carlstein.
Ravenwood, Chicago, July 10. Chicago Homœopathic Medical College, 1882.

Dr. A. B. Morrill.
Concord, N. H., June 13, æt. 41. Hahnemann Medical College, Philadelphia, 1894.

Dr. Elijah A. Lyon.
Ottawa, Ill., July 14, æt. 53. Hahnemann Medical College, Chicago, 1880.

Dr. Jno. Mc. E. Wetmore.
New York City, July 21, æt. 76. Dr. Wetmore was for many years a Censor of the New York Homœopathic College.

Dr. Augustus P. Throop.
New York Homœopathic Medical College and Hospital, New York City, 1862; a veteran of the Civil War; formerly a practitioner of Palmyra, N. Y.; died at the Willard State Hospital, Nov. 28, 1907, after an illness of several years, aged 75.

Dr. James Clifford Kennedy.
Hahnemann Medical College and Hospital, Philadelphia, 1871; a veteran of the Civil War; and postmaster in Sharpesburg, Pa., for several years thereafter; died at his home in Pittsburg, August 25, from pneumonia, aged 75.

Dr. Louis Franklin Schussler.
Hahnemann Medical College and Hospital of Chicago, 1884; of Alton, Ill.; died August 14, aged 54.

Dr. Elizabeth Uncapher.
Houston, Texas, June 18. Homœopathic Department of University of Michigan, 1886.

Dr. E. J. Kanouse.
Appleton, Wis., October 7, æt. 89. Cleveland Homœopathic College. 1863.

Dr. S. Fields.
Hillsboro, Ill., September 28. Missouri Homœopathic College. 1860.

Dr. J. E. Hardy.
Norfolk, Va., September 11, æt. 66. Homœopathic Medical College, Pennsylvania.

Dr. F. A. Gile.
Bloomfield, N. J., October 12, æt. 63. New York Homœopathic College. 1875.

Dr. M. P. Wiswell.
Philadelphia, September 28, æt. 52. University of Michigan, Homœopathic Department. 1889.

Dr. M. V. Fernandez.
Los Angeles, æt. 71. Dr. Fernandez was one of the pioneer homœopathic physicians of Los Angeles.

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